# Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests

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**Description:** Instructions for Member Resource orders, Fulfillment Support Tasks, and Statement of Cost (SOC) requests in Compass. Review the Client Specific Process section of the Client Information Form (CIF) or client work instructions to gather specified instructions on Member Resources (such asFulfillment items) or SOC.



* Member Resource requests can only be submitted for Active accounts. SOC requests can be submitted for Active or Inactive accounts.
* Forms requested via Member Resource automation will be sent in the member’s preferred language when available. Requests will default to English when the form is not available in the member’s preferred language.
* Letters of Eligibility/Termination and Letters of Creditable Coverage need to be requested through the member’s benefits office or coverage provider.
* Member requesting a copy of Notice of Non-Discrimination, refer to [Compass - Handling Member & Prescription Complaints, Compliments or Suggestions (066562)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ce37ade9-3483-4c0e-b7ec-d063ff62ddb8)
* **Exception: MED D** Dedicated Representatives - If the member is needing proof of coverage or Medicare D literature, check the CIF for client specifics, then refer to [Compass MED D - Member Resource Orders (Fulfillment Request) (061924)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a).

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| Viewing and Submitting Member Resource Requests via Automation |

 If the member requests more than five (5) copies of a Member Resource, refer to the [Submitting a Fulfillment Request via Support Task](#_Submitting_a_Fulfillment) section below.

The following requests require additional information to fully service the caller:

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| **Type of Request** | **Additional Information** | |
| Appeals Form | Appeal in Client Plan Design.  Submit a request through the **Member Resources** link on the Claims Landing Page. See the [process steps](#Performthestepsbelow) below. | |
| Authorization Form | Submit a request through the **Member Resources** link on the Claims Landing Page. See the [process steps](#Performthestepsbelow) below.  **Notes:**   * If the authorization form is not available through automation, refer to the [Submitting a Fulfillment Request via Support Task](#_Parent_SOP) section below. * For more information on types of Authorization Forms, refer to [Compass - Forms Members Can Submit to Authorize Access and Release of Information for Their Account (053891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91b652db-c5b2-4769-b300-e1e2c95ec009), as needed. | |
| Claim Form (Reimbursement) | Determine the need. | |
| **If the member requests…** | **Then…** |
| A compound medication claim form | Refer to [Submitting a Fulfillment Request via Support Task](#_Parent_SOP) section. |
| The claim form only | Educate the member on the option to [print (074455)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=56b0b9dd-c9e8-4a90-adc0-5077c0e7d80c) the claim form from Caremark.com.   * If the member declines, submit a request through the [Member Resources link](#Performthestepsbelow) on the Claims Landing Page.   If Compass Automation fails, refer to [Submitting a Fulfillment Request via Support Task section](#_Parent_SOP). |
| Drug List | Review the CIF. Some plans do not allow the members to access Caremark.com directly. | |
| Mail Service Order Form | Educate the member on the option to print the order form from Caremark.com and use the mailing address that is pre-printed on the Order Form. Refer to [Caremark.com – Forms for Print and Adobe Reader (038391)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0bbf55de-6048-4d78-be0e-e40dde8f724b).   * If the member declines, submit a request through the [Member Resources link](#Performthestepsbelow) on the Claims Landing Page. | |
| Notice of Privacy Practices | Educate the member on the option to view the full Privacy Policy on Caremark.com. Refer to [Request for Privacy Office/Officer (002186)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1b12e088-b8a4-4093-94b4-e8a3093d0398).   * If the member declines, submit a request through the [Member Resources link](#Performthestepsbelow) on the Claims Landing Page. | |
| Participant AOB Form (Med B) | Refer to [Compass – Identifying and Handling Medicare Part B Calls (073492)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=17ee0c41-e233-4192-ad8e-ebf7f8a4b3e2). | |
| Standard Pharmacy Directory | Members can find their in-network pharmacy list on [Caremark.com](https://www.caremark.com/).  Review the CIF. Some plans do not allow the members to access Caremark.com directly.   * If the member declines, submit a request through the [Member Resources link](#Performthestepsbelow) on the Claims Landing Page. | |

Perform the steps below:

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| **Step** | **Action** |
| **1** | From the Claims Landing Page, navigate to the **Quick Actions** panel, then click the **Member Resources** hyperlink.    **Result:** The Resources screen displays. |
| **2** | Review the **Member Resource Order History** section to verify that the Resource item has not been requested.    **Notes:**   * This section lists all the order history for the last six (6) months. When there is no order history, this displays as “No records found.” * If you select a Resource item that has already been requested within the last seven (7) days, the following message display: “An order for this resource was submitted in the last 7 days. Refer to the CIF.” |
| **3** | Determine the type of Resource item that is needed, then select the appropriate option from the **Resources** drop-down menu.    **Notes:**   * When another, potentially better, option is available for the member to obtain the Resource item, a pop-up window will display. Educate the member, and if they still wish to proceed, click **Yes**. * If the member accepts the other option, you can click **No** to cancel the request process.      * If a specific item requires special handling, refer to the displayed message and review the CIF if needed. |
| **4** | Select the quantity desired, ensure the shipping address is correct then click **Add Resource**.  **Result:** The selected Resource moves to the Fulfillment Item request list below.    **Note:** Select **Add/Update** or click the **Add a mail order address** hyperlink to add, update or select a different address. Once all required fields are completed, the **Add Resource** button illuminates. |
| **5** | Add any additional requested Resources by repeating the above steps. Once all requested Resources have been added, review the list to ensure accuracy, then click **Submit**.  **Result:** A message displayed informing you of the Member Resources request was submitted successfully.    **Notes:**   * Remove resources individually by clicking the **Remove** hyperlink. * Clicking **Cancel** will remove all Resources from the list. * If the message displays indicating that the request could not be submitted, refer to the CIF for alternatives. If Caremark handles per the CIF, create a Fulfillment Support Task. |

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| Submitting a Fulfillment Request via Support Task |

From the **Case Data** section that displays on all Compass screens, click the **Create Support Task** button.

Take the following actions when creating a Fulfillment Request Support Task

* **Task Type:** Fulfillment
* **Type of Form:** Choose according to type of form needed.

Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) as needed.

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| **Type of Request** | **Action** |
| Member requests more than five (5) copies of a particular resource | 1. Submit a Fulfillment request using the **Create a Support Task** button. 2. Enter a quantity greater than five (5) in the Quantity Requested field. |
| Error message when submitting request via Member Resource automation | Submit a Fulfillment request using the **Create a Support Task** button. |
| Authorization Release Form   * Med D Appointed Rep Form * Notice of Privacy Practice * Extended-Release Form * One Time Release Form | 1. Submit a Fulfillment request using the **Create a Support Task** button.  * **Task Type:** Fulfillment * **Type of Form:** Authorization Release Form  1. Choose form needed from the **Requested Info** drop-down menu.   **Note:** The members can download these forms on Caremark.com.   1. Review the CIF as some plans do not allow the member to access Caremark.com directly. |
| Brand Exception Form | 1. Submit a Fulfillment request using the **Create a Support Task** button.  * **Task Type:** Fulfillment * **Type of Form:** Appeals Letter  1. Specify that a Brand Exception Form is requested in the Support Task Notes. |
| Bulk Literature  **Note:** Used to order bulk quantities of a form. Not for plan brochures.  This includes claim forms in quantity requests greater than five (5). | 1. Submit a Fulfillment request using the **Create a Support Task** button.  * **Task Type:** Fulfillment * **Type of Form:** Bulk Literature  1. Choose the type of form needed from the **Bulk Literature form** drop-down menu. |
| Caremark Direct Brochure (Med D) | Submit a Fulfillment request using the **Create a Support Task** button.   * **Task Type:** Fulfillment * **Type of Form:** Caremark Direct Brochure   Refer to [MED D - Caremark Direct/Direct Sales (027459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ca01f048-e548-4b85-aba1-62663fdaf236). |
| Claim Form  Only to be used when Member Resource Automation fails.  **Note:** Members can download this form on Caremark.com | Refer to the [Viewing and Submitting Member Resource Requests via Automation section](#_Rationale) within this document.  Submit a Fulfillment request using the **Create a Support Task** button.   * **Task Type:** Fulfillment * **Type of Form:** Claim Form * **Task Notes:** “Compass Automation failed; unable to order via Member Resource Automation.” * **Compound Form:** No |
| Compound Claim Form | Submit a Fulfillment request using the **Create a Support Task** button.   * **Task Type:** Fulfillment * **Type of Form:** Claim Form * **Compound Form:** Yes |
| Package Insert | Members request that a package insert included by the manufacturer be sent.   1. Submit a Fulfillment request using the **Create a Support Task** button.  * **Task Type:** Fulfillment * **Type of Form:** Package Insert  1. Choose an appropriate pharmacy from the **Dispensing Pharmacy** drop-down menu. |

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| Cancelling a Member Resource Request |

Complete the steps below:

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| **Step** | **Action** |
| **1** | From the Action column, click **Cancel Order**.  **Note:** Only requests with a status of Pending can be cancelled.    **Result:** A Cancel Order confirmation popup displays. |
| **2** | Confirm the Member Resource order displayed should be cancelled, click **Yes**.   * If you need to return to the prior page without cancelling the order, click **No**.     **Result:** A Confirmation message displays. |

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| Statement of Cost (SOC) |

 Not available for externally adjudicated clients.

**Notes:**

* The standard time frame for Statement of Cost requests is two (2) years prior to the current date. Review your client’s SOC work instructions to determine if the client allows a longer date range.
* If the client has no specific SOC work instruction, advise requesting dates cannot exceed past two (2) years.
* If the client has their own specific SOC work instruction, advise the member of the requested date time frames specified in the client specific work instruction.
* SOC reflects financials for any medication filled through the plan (including specialty medications) for the time period selected. Reversed or Rejected claims will not show on the SOC.
* SOC for dates that exceed two (2) years prior to the current date and go up to seven (7) years prior to the current date can be requested by submitting a Statement of Cost Support Task. Refer to the [Submitting a Statement of Cost Support Task](#_Submitting_a_Statement) section.
* A SOC is **not** a letter of Creditable Coverage. For members requesting a Letter of Creditable Coverage, refer them to their benefits office.

Perform the steps below to request an SOC:

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| **Step** | **Action** | |
| **1** | Review the CIF or client work instructions for SOC client-specific instructions.  Icon - Important Information Only the member, the parent of the minor child, or a documented POA designee can request an SOC.  **Note:** Some clients do not have Member Resource items set up, however we are able to send SOCs. Review the CIF to make this determination. | |
| **If the SOC is for a member who is…** | **Then…** |
| Under 18 years of age | Confirm you are speaking with the parent of the minor child, then continue to the next step. |
| 18 years of age or older | Confirm you are speaking with the member or a POA designee with proper documentation on file (Notes must indicate that POA on file) before requesting an SOC. Refer to [Scenario Guide for SOC Requests](#_Scenario_Guide_for) for additional information. |
| EGWP/STCOB Members | Do **not** order the SOC from the SilverScript/Primary plan. Refer to [Scenario Guide for SOC Requests](#_Scenario_Guide_for) for additional information. |
| Deceased | Confirm that the proper documentation is on file. Refer to [Scenario Guide for SOC Requests](#_Scenario_Guide_for). |
| **2** | Review alertsto ensure there are no account restrictions. Refer to [Compass - Viewing, Adding, and Editing Alerts (054194)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=36c941d2-25a6-4075-993d-f12deb31be18). | |
| **3** | Offer the option of Obtaining the Financial Summary Report via Caremark.com. Refer to [Caremark.com - Financial Summary (018771)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=49174a61-def5-436c-9087-69cf5f17a352)**.**   * If the member would like a paper copy mailed to them, proceed to the next step.   **Note:** If the member needs an SOC for their Secondary (Coordination of Benefits) Insurance, Caremark.com will display that information. Ask them to contact that insurance provider directly if we do not handle their other plan. | |
| **4** | From the Member Snapshot Landing Page, click the **Statement of Cost** tab and check the **History** for a previous request within the past 30 days.  **Result:** The Statement of Cost History section displays.   * **If requested within the past 30 days:** Advise the member, share the Turn Around Time (TAT), and confirm if the member would still like another SOC mailed. If the member would like another SOC sent, proceed to the next step.     **Notes:**   * Thethree (3) sections are expanded when the page is opened and can be collapsed. * The Statement of Cost History table displays information for the **past seven (7) years if** there is no history only the column headers display. * CCR can sort each column by clicking that header. The system defaults to display by **Date Ordered** with the most current Date Ordered at the top. | |
|  |
| **5** | Navigate to the **Generate Statement of Cost** section.   * Enter the date range for the SOC: Start Date **and** End Date.   **Note:** If entering the date range manually, it will need to be entered in the MM/DD/YYYY format.   * Verify the **Mailing Address** the SOC will be mailed to.    Requests must be mailed to the default address on file. Requests to be mailed to an address other than the default address, or to an Authorized Party must be submitted in writing. Refer to [Written Requests for SOC.](#_Written_Requests_for) The “Find more information **here**” hyperlink, will take you to any client-specific process document.    **Notes:**   * The statement does not include the type of payment method used for mail orders. Separate reports for each year can be requested. * The same process should be followed for any Member Requests for Ineligible/Termed Clients. * If unable to submit **the Statement of Cost**, submit a Statement of Cost Support Task. Refer to the [Submitting a Statement of Cost Support Task](#_Submitting_a_Statement) section below. | |
| **6** | Once the **Generate Statement of Cost** form is completed, click the **Send by Mail** button. (Button is enabled only when required fields are filled.)  **Result:** A successful message displays when the SOC is successfully submitted.    **Notes:**   * CCR can “**Exclude from statement**” and “**Include in statement**” via one or more check boxes and by default boxes are unchecked. * **Create PDF** button displays the SOC as a PDF. It is enabled only when required fields are filled. Do **not** use this unless it is directed. * The system automatically includes the letter and report with the correct client logo/information.   When there is a system issue the following message displays “System Error – Try again or contact your System Administrator.” Try once more. If automation fails again, submit a Statement of Cost Support Task. Refer to the [Submitting a Statement of Cost Support Task](#_Submitting_a_Statement) section below. | |
| **7** | Confirm if the member has already been enrolled in Annual SOC. If not, ask the members if they would like a copy of this report sent automatically annually.  **Note:** If the member has been enrolled previously, it displays the Enrollment Date. If they are not currently enrolled, this will not display.     Do not offer this report to termed clients or ineligible members. | |
| **If…** | **Then…** |
| Yes | Select the **Annual Enrollment** checkbox, read the **Disclaimer:** Annual Report will be mailed by the 3rd week of January the following year, and click **Save**.  **Notes:**   * If the member has a Universal ID associated with their account, select **Annual SOC by UID**. (Ensures all claims processed with this ID are pulled, regardless of carrier-to-carrier changes.) **UID** (Universal ID) is located under eligibility on the center panel of the members snapshot landing page. * Upon being enrolled and wishing to stop receiving them, un-check the box, and click **Save**. * When an agent edits the member’s enrollment, a Support Task is created including Agent Name, Call Info, and Type of Action. |
| No | Confirm there are no other items you can assist with and close the call accordingly. |

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| Submitting a Statement of Cost Support Task |

From the **Case Data** section that appears on all Compass screens, click the **Create Support Task** button. Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) as needed.

Take the following actions when creating a **Statement of Cost Support Task:**

* **Task Type:** Statement of Cost- Participant
* **Report Type:** Choose according to type of report needed. Refer to [Option Used for LGL Detail Prescription History and RXH Prescription History Report (Requested from Legal Offices)](#_Option_Used_for) section.

**To cancel a Statement of Cost support task**, refer to [Compass - Edit or Cancel a Self-Submitted Support Task (050032).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ad65197-fe9e-4288-b5e3-23c771eff267)  
  
**Note:** A Statement of Cost submitted through Compass automation rather than a support task cannot be cancelled.

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| Scenario Guide for SOC Requests |

Refer to the following scenarios as needed:

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| **If the SOC is for the member, spouse, or dependent and they are…** | **Action** | |
| EGWP/STCOB Members | Do **not** order the SOC from the SilverScript/Primary plan. Exit the Primary account and log into the Secondary account to order the SOC from the Commercial/Wrap **(EGWP)** account.This ensures that the financials paid by both portions of the members’ benefit are accounted for in the statement. After confirming you are in the appropriate Commercial/Wrap **(EGWP)** account, refer to the [Statement of Cost (SOC)](#Statement) section to request a Statement of Cost.  **MED D EGWP/STCOB beneficiaries** **requesting an SOC:** Members may need an SOC showing the amount they paid for prescription drugs filled while they were covered under the commercial benefit. Review the plan and benefits for these accounts. SOC requests can be submitted for Active or Inactive accounts. | |
| Over 18 Years of Age | Confirm you are speaking with the member or a POA designee with proper documentation on file (the **Notes** must indicate that a POA is on file) before requesting an SOC. | |
| **If a POA is…** | **Then…** |
| On file | Determine if the member is requesting an SOC with a date range within the last two (2) years.   * If Yes, refer to the [Statement of Cost (SOC)](#_Participant_Request__for) section. * If No, refer to the [Submitting a Statement of Cost Support Task](#_Submitting_a_Statement) section.   **Notes:**   * If member requires a signed Statement of Cost, **indicated by** “Original Signature by a Pharmacist is required on the Statement of Cost.” * For assistance in locating the Power of Attorney (**POA**), refer to [Compass - Forms Members Can Submit to Authorize Access and Release of Information for Their Account (053891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91b652db-c5b2-4769-b300-e1e2c95ec009). |
| Not on file | Ask if the spouse or dependent over 18 is present and willing to come to the phone. Upon authenticating this individual, they can request an SOC.   If the individual is unable to come to the phone and authenticate, the request **cannot** be submitted. Only the member or a documented POA can request the SOC.  Advise the caller to have the member in question call back to make the request and/or suggest the POA process be initiated if appropriate. |
| Deceased | Review alerts and authorization documents available on the deceased member’s account. If the member dies, we need paperwork on file that proves they are the Executor of the Estate. This is different than a POA or other legal designation of authority. Statement of Cost (SOC) information can neither be requested nor released **except** to the Executor of Estate.  Ask the caller to have the following items sent to us, along with a [Written Requests SOC](#Written_Requests_SOC):   * Include a copy of documentation showing the caller as the Executor of Estate.   + If the Executor of Estate was not appointed, provide a notarized affidavit (a written statement of fact made under oath) stating they are closing the affairs of the deceased. * Copy of Death Certificate.   A Power of Attorney (**POA**) expires upon the death of the person who granted the POA. | |

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| Written Requests for SOC |

Requests must be mailed to the default address on file. Requests to be mailed to a different address, other than the default address, or to an authorized party must be submitted in writing.

The SOC is mailed to the person or persons who signed the written request.

**Example:** If the husband is requesting SOC for himself and spouse, both parties must sign the written request.

**The letter should include:**

* Member’s name
* Member’s address
* Member ID
* Date range requested
* Member’s signature

**Written requests for SOC must be mailed to:**

<Mail Order Pharmacy Name>

Customer Care

P.O. Box 6590

Lee’s Summit, MO 64064-6590

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| Option Used for LGL Detail Prescription History and RXH Prescription History Report (Requested from Legal Offices) |

There are three (3) reports that can be requested for **the following reasons:**

* Housing Purposes
* Legal Purposes
* Tax Purposes
* Other Insurance Purposes
* Personal Purposes

**1. LGL - Statement of Cost**

**Note:** Ordered by the Legal Department. Requests are received via mail at the following address:

<PBM Name>

Customer Care

P.O. Box 6590

Lee’s Summit, MO 64064-6590

**2. RXH - Prescription History Statement**

**Note:** This report can include prescription information without cost.

**3. Financial Statement of Cost (SOC)**

The steps are outlined in this document.

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| Turn Around Times (TAT) |

* **Automation Process** - Up to three (3) business days (this timing is only internal processing time and does not include mailing time).
* **Statement of Cost- Legal Requests** - Up to 30 calendar days from the date received by our Mail Order pharmacy not including mailing time.
* **All other Statement of Cost requests** - Up to five (5) business days from receipt of authorization by our Mail Order pharmacy (this does not include mailing time).

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| Related Documents |

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

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

[Caremark.com – Forms for Print and Adobe Reader (038391)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0bbf55de-6048-4d78-be0e-e40dde8f724b)

[Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6)

[Compass MED D - Member Resource Orders (Fulfillment Request) (061924)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a)

[Statement of Cost (SOC) Sample (067674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1b5db0e9-a26f-4f95-88d5-ef7011ea6bca)

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