**Compass - Transmission of Customer Care Fraud, Waste, and Abuse**

[Process](#_Toc197514060)

[Related Documents](#_Toc197514061)

**Description:** Overview and guidelines to Customer Care personnel for sending allegations of potential fraud, waste and abuse to the designated Fraud Waste and Abuse (FWA) program. COMPLIANCE IS MANDATORY!

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| **Process** |

Follow the steps below:

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| **Step** | **Action** | | | | |
| **1** | Determine if the issue may be due to a billing or processing error.  **Note:** The pharmacy may have accidentally submitted the claim to the wrong member. Many billing errors occur when two beneficiaries share a name and date of birth. You should first check the Claim Details page and validate all member and pharmacy information. For example, is the pharmacy in a different state than the member. | | | | |
| **If you…** | | **Then…** | | |
| Find a billing or processing error that may have been caused by the pharmacy | | Contact the pharmacy and verify the member’s information, including:   * Name * Date of Birth * Address * Past pharmacies (name, address) * Prescription name, strength, supply   If the pharmacy made a billing or processing error, have them reverse and reprocess the claim to correctly bill the appropriate member.  **Note:** The pharmacy may accidentally have submitted the claim to the wrong member. | | |
| **If the pharmacy…** | | **Then…** |
| Agrees to reverse and reprocess the claim | | * Advise the member the claim is reversed and no longer showing under their paid claim history. * Document all actions taken in Compass. |
| Does **not** agree to reverse and reprocess the claim | | Proceed to Step 2. |
| Cannot find a billing or processing error | | Proceed to Step 2. | | |
| **2** | Address the member’s issue as per current policies and procedures.  **DO NOT** indicate to the member that Fraud, Waste or Abuse is suspected. | | | | |
| **3** | Determine the client specific process for FWA: | | | | |
| **If…** | | | **Then…** | |
| One of the following clients:   * BCBST * Natl Railroad (Amtrak) * Charter Communications * UMWA * GEHA * Warrior Met Coal (WMC) * CountyCare * 1199 SEIU | | | Proceed to step 4. | |
| Any other client | | | Review [Compass - Reporting Alleged Fraud CCR (057131)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba630879-142f-4c5a-89c6-50b5018fe3b6). | |
| **4** | Briefly explain to the caller that you are going to transfer them to another representative who can assist.  I’m going to transfer you to a Senior Team Representative who will be able to assist you further. | | | | |
| **5** | Ask if there are any other benefit questions: | | | | |
| **If…** | **Then…** | | | |
| Yes | Address any benefit issues then proceed to next step. | | | |
| No | Proceed to the next step. | | | |
| **6** | Transfer to the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) and provide all details of the Potential FWA issue to the Senior CCR for submission. | | | | |

[Top of the Document](#_top)

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| **Related Documents** |

[Compass - Reporting Alleged Fraud CCR (057131)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba630879-142f-4c5a-89c6-50b5018fe3b6)[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent SOP:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049), [CALL 0011 Authenticating Caller](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011), [CORSEC-0013 Corporate Security-Corporate Investigations](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CORSEC-0013)

[Top of the Document](#_top)

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