# MED D - Senior Team - How to Determine if SPAP Paid on the Claim in RxClaim

[Determine if SPAP Paid on the Claim in RxClaim](#_Toc92866046)

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**Description:** This document contains information that will assist Senior Customer Care Representatives (CCR) with determining if a State Pharmaceutical Assistance Program (SPAP) paid on a claim in RxClaim.

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| Determine if SPAP Paid on the Claim in RxClaim |

Perform the steps below:

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| **Step** | **Action** |
| **1** | Type **1** (Eligibility/Claim Transaction) and press **Enter** from the RxClaim Help Desk Plan/Price Inquiry screen.    **Result:** The RxClaim Eligibility/Claim Transaction Maintenance screen will display. |
| **2** | Type **2** (Member) and press Enter.    **Result:** The Member Screen will display. |
| **3** | Type or paste the beneficiary ID number on the top left line and press **Enter**. |
| **4** | Type **5** (Display option) on the line next to the correct Beneficiary ID and press **Enter** to view the beneficiary’s profile.    **Result:** The Display Member Details screen will display. |
| **5** | Press **F10** to view the Claims Transaction Detail screen. |
| **6** | Select the Claim by entering **5** on the line beside the Rx. |
| **7** | Enter **F7** to view the claim transaction details. |
| **8** | Select option **14** – Associated N1/N2 Transactions. |
| **9** | If the SPAP paid on the claim, an N1 Transaction will be listed. Enter a **5** on the **N1** transaction line. |
| **10** | View the Information Transaction Details screen.   * 1. Member copay is listed under the Sbm Pat Paid Amt: 7.00.   2. SPAP portion is listed under Other TrOOP Amt: 40.00.     **Note:** Press **F12** to navigate to previous screen.  **Note:** If there is no information under NI, the claim did not process under the SPAP. |
| **11** | Refer to the CIF for the specific SPAP to determine what type of coverage the SPAP offers.   * For Open PDP claims: If the SPAP should cover the claim but did not, send an email with the details to [RS9040@CVSHealth.com](mailto:RS9040@CVSHealth.com) for assistance.   + **CC:**  [SolonSeniorFollowupT@cvscaremark.com](mailto:SolonSeniorFollowupT@cvscaremark.com)      * For EGWP: Contact the assigned Account Manager.   + **CC:**  [SolonSeniorFollowupT@cvscaremark.com](mailto:SolonSeniorFollowupT@cvscaremark.com) * **Subject Line:**  SPAP Issue \*\*\*SECUREMAIL\*\*\* * Include the following in the e-mail   + Member ID:   + Member Name:   + Member DOB:   + Plan year or claim in question:   + Situation/Issue: (Explain what you need to be researched).   **Note:**  In order to ensure a follow up call, SRT must contact the Case Coordinator Line 855-771-9283. If the Case Coordinator requests to speak with the member, perform a warm transfer to the Case Coordinator. |

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| Resolution Time |

3 business days

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| Log Activity |

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| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](../../../../CMS-2-017428)

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