# PeopleSafe - Handling Government Agency Calls for Paper Claims

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**Description:** Instructions for handling Government Agency calls related to paper claims.

**Note:** Government Agency calls are handled by a dedicated team. Refer to [Support for Government Agency calls](#_Support_for_Government).

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| Support for Government Agency Calls |

Government Agency calls are handled by a dedicated team.

* If you are not on the dedicated team for Government Agency calls, warm transfer and properly introduce the caller using the numbers below.

**Note:** If the plan has a dedicated team and it is a government agency calling **do not transfer** to the dedicated Customer Care Team, transfer to the Internal Dedicated Government Agency Team below:

* Department of Defense: **1-866-257-4879**
* Veterans Administration (VA), Medicaid and other government branches: **1-800-303-0187**

**Government Agency Paper Claim Support Team**

**Hours of Operation**: Monday - Friday 8:00 a.m. – 5:00 p.m. CT

* If the call is after hours, apologize and advise the caller to contact us back the next business day and provide the appropriate number and hours of operation above.

**The instructions provided below are only to be used by the Dedicated DOD/VA Team.**



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| Call Types Handled by DOD/VA Team |

Customer Care provides detailed claim and eligibility status for Contractors, Government Agencies, and Third-Party Administrators such as Veterans Administration (VA) hospitals, Department of Defense (DOD), Medicaid, Medicare D, and Indian Health Services (IHS).

Under no circumstances should these calls be turned away.



* If the member’s plan has a dedicated Customer Care Team and it is a government agency calling; do not transfer to the dedicated Customer Care Team for the following requests:
* Eligibility Status
* Effective/Term Dates
* Claim Status
* Processing Information
* Payments made to the agency
* Paper Claim submission address
* Timely Filing Limits

The information that is most often requested is the effective and termination dates of the member, claim status, payments made to the agency, and the address to submit paper claims documentation.

DOD/VA CCR’s are limited to 10 inquiries per call; politely explain the limitation and ask the caller to contact us back for any additional inquiries.

* If the caller is requesting that a Paper Claim be corrected, advise that a new one must be submitted. We are unable to accept or request updates over the phone.
* These calls may include but are not limited to the following: Update Days’ Supply; quantity, amount charged, or amount paid.

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| Government Claim Addresses |

Use as applicable:

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| **Platform/Client** | **Action** | **BIN Number** |
| **QL Platform** | <PBM Name> P.O. Box 52188 Phoenix, AZ 85072-2188 | BIN # 610029 |
| **Rx** **Claim** | <PBM Name> P.O. Box 52195 Phoenix, AZ 85072-2195 | BIN # 004336 |
| **RECAP** | <PBM Name> P.O. Box 52197 Phoenix, AZ 85072-2197 | BIN # 610415 |
| **PharmaCare Management Services, Inc** | <PBM Name> P. O. Box 52088  Phoenix, AZ 85072-2088 | P Platform: BIN # 610468  E Platform: BIN # 610474  C Platform: BIN # 004245  U Platform: BIN # 610449 |
| **Federal Employee Program – FEP Medicaid Claims** | FEP Service Benefit Plan Retail Pharmacy Program P.O. Box 52062  Phoenix, AZ 85072-2062 | BIN # 610239 |
| **RxAmerica** | PO Box 53994  Phoenix, AZ 85072-3994 | Refer to CIF for BIN number |

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| Providing Processing Information |

Perform the steps below:

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| **Step** | **Action** |
| **1** | Locate the account in PeopleSafe.  **Note:** Most DOD/VA calls are looking for information on accounts that are expired. Ask probing questions to determine which account is needed. |
| **2** | Once in the correct member’s account, locate and open the members CIF. |
| **3** | Once in the CIF, locate the section and select the drop-down box to expand the section. |
| **4** | Provide the agency with the components necessary to process the claim. **Example:** BIN number, PCN and Group number  **Example:**     * If the agency asks for an Alternate Identification Number, select the Eligibility Button on the Main Screen in PeopleSafe and provide the Alternate ID listed.   **Tip:** To review the BIN, PCN and Group Number, click on the **Eligibility** button in PeopleSafe.  **Result:** PeopleSafe Illustration  **PeopleSafe**  **QL**    **RxClaim** |

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| Process for Researching Government Claims |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Locate the account in PeopleSafe.  **Note:** Most DOD/VA calls are looking for information on accounts that are expired. Ask probing questions to determine which account is needed. | |
| **2** | Once in the member’s account, locate and open the applicable CIF. | |
| **3** | Obtain the Rx #, Fill Date/Date of Service of the claim, the medication name and the prescription number. | |
| **4** | Enter the prescription number into the field on the PeopleSafe Main Screen and select.  Review fields as needed, Toggle or select the other features such as: All Tab, Archive Tab, or Alternate Lines of Eligibility to search for the claim. | |
| **If…** | **Then…** |
| Unable to locate claim | Advise the agency to resubmit. |
| Locate the appropriate date in the Filled column | Proceed to the next step. |
| **5** | Select the Prescription number for the claim. | |
| **6** | Review the Status and the Settlement Codes to determine whether the claim was Accepted/Paid or Rejected. | |
| **If the claim was…** | **Then…** |
| Rejected | Advise the caller the reason for the rejection. |
| Paid/Accepted | Proceed to next step. |
| **7** | Select **View Financials** at the bottom of the Prescription Details screen. | |
| **8** | Select **View Reimbursements** at the bottom of the page. | |
| **9** | Provide the check information to the agency. | |

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| Troubleshooting |

Refer to the following scenarios for troubleshooting:

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| **If…** | **Then…** | | | |
| The caller states that they have not received the check that was sent | Perform the steps below: | | | |
| **Step** | **Action** | | |
| **1** | Review the date of the check. | | |
| **If the date of the check…** | | **Then…** |
| Is within 30 calendar days | | Advise the caller to wait the full 30 calendar days for the check to arrive. |
| Beyond 30 calendar days | | Send an RM task to reissue the check then continue to the next step. |
| **2** | Review the check number. | | |
| **If the check number begins with…** | | **Then…** |
| 100 or a 200 | | 1. Create the following task:  * **Category:** Retail * **Task Type:** Pharmacy Check Research/Reissue Task  1. Add detailed notes to inform the Research Team the reason for the task. |
| Anything other than 100 or 200 | | 1. Create the following task:  * **Category:** Retail * **Task Type:** Stop Payments  1. Add detailed notes to inform the Research Team the reason for the task. |
| You can identify that the caller should be receiving reimbursement but there is not check information showing | 1. Create a task to have it researched:  * **Task Category:** Retail * **Task Type:** Stop Payments  1. Add detailed notes such as the claim date, prescription number, medication name, reimbursement amount (showing in the Financials), and any other information provided by the agency.   **Example of No Check Information Displayed** | | | |
| The caller requests a duplicate Remittance Form | Send a task to have another Remittance Advice sent out. | | | |
| **If the check number begins with…** | | **Then…** | |
| 100 or a 200 | | 1. Create the following task:  * **Task Category:** Retail * **Task Type:** Pharmacy Check Research/Reissue Task  1. Add detailed notes to inform the Research Team the reason for the task. | |
| Anything other than 100 or 200 | | 1. Create the following task:  * **Task Category:** Retail * **Task Type:** Stop Payments  1. Add detailed notes to inform the Research Team the reason for the task. | |

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| Miscellaneous Information |

**Mailing a Paper Claim & Timely Filing**

* Department of Defense (DOD), Veterans Administration (VA), Indian Health Service (I.H.S), and Ohio Medicaid Paper Claims are held to a 6-year timely filing limit that supersedes what is stated in the plan guidelines.
* All other State Medicaid’s are subject to three-year timely filing.

**Filing an Electronic Claim & Timely Filing** – If calling about mailing a paper claim, see above for timely filing.

* I.H.S and VA are held to 6 years.
* D.O.D does not submit electronically.

All Paper claims should be mailed to the appropriate PO Box provided above:

If any internal departments outside of the Gov. Claims Team should receive a paper claim; mail all the paperwork received to:

* Gov. Claims Team <PBM Name> P.O. Box 52195 Phoenix, AZ 85072-2195

**Or**

* Our Office uses the “Interoffice” mailing process. The paper claim can be sent through Interoffice to Gov. Claims Manager/Supervisor, Mail Code 128, 8801 E. Raintree Dr., Scottsdale, AZ 85260.

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| Resolution Time |

Up to 10 Business Days for a Pharmacy Check Research/Reissue task. Up to 30 days to reissue a check with a Stop Payment task.

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| Related Documents |

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

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

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

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