# PeopleSafe - Paper Claim Submission

[Process](#_Toc159310245)

[Submission Addresses](#_Toc159310246)

[Related Documents](#_Toc159310247)

**Description:** Used when a plan member has paid “out-of-pocket” for a prescription purchased at a retail pharmacy and wishes to request a payback.

| Process |
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* This process **does not apply to FEP or MED D**.
* If the member has recently obtained the prescription from their pharmacy, they can return and have them reprocess the claim. This is the preferred method to reimburse members, as it is more efficient and usually provides the greatest reimbursement without having to submit a paper claim.
* Usually, the pharmacy will accept reimbursement requests within a two-week period, however, it is up to the individual pharmacy as to how old of a claim they will reprocess.
* If the member is requesting a copy of the letter for a processed claim (approved or denied), contact Senior Team and request that a Salesforce case be opened to resend the letter.
* Timeframes for submission of a Paper Claim are Client specific. Refer to the CIF in the Paper Claim Section.

Complete the steps below:

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| **Step** | **Action** | |
| **1** | Access the PeopleSafe Main Screen. Refer to [Search Find and View a Member's Profile in PeopleSafe or RxClaim (027257)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512). | |
| **2** | 1. Determine the type of Paper Claim needed.   High Importance Medications administered at a Prescribers office or during Inpatient Hospital Stays are medical claims. Ask the member to refer to their medical benefits.  **Notes:**   * Allergy Serum cannot be submitted for a paper claim. This is a possible medical claim due to the ingredients used not having NDC #’s (**Example:**  Member’s blood, saliva). Refer to the CIF for client specifics. * For COVID-19 related reimbursements, refer to  [Submitting an Online Claim on Caremark.com for the COVID-19 At-Home Test (049265)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b90ee41-2755-45df-9ec5-1241b989d91e) and [COVID-19 At-Home Tests Talk Tracks (049260)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=07c658ca-a5bd-4b6b-be11-28baed7d3a07)  1. **Review the CIF** to determine if the plan allows for Paper Claims, and the plan’s reimbursement policy. Advise the member on what might be covered if approved.   High Importance If no paper claims information displays in the CIF, warm transfer to the Senior Team. | |
| **If Paper Claim is…** | **Then they will need to obtain...** |
| Standard | A [Prescription Reimbursement Claim Form (041941)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3941d8b-03f2-41e8-997c-8d316b606a2c). Continue to [Step 3](#step3). |
| Multi Ingredient/Compound | Refer to [Paper Claim for Multi-Ingredient Compound Prescription (042384)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=06a1b33b-4f4a-4603-a8ab-e0f1376bfdca). |
| **3** | Determine the members preference for Paper claims. The forms can be downloaded from Caremark.com, or you can send up to five sets of forms via the Order [Fulfillment (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af) screen.  **Notes:**   * There are no restrictions on how many prescriptions they can submit with one claim form for the same person. Member would mail in all receipts with the one form. * Not all clients use Caremark.com or allow Paper Claims submissions via the web. Check CIF for details, and refer to [Caremark.com – Submitting Paper Claims Through Desktop/Mobile Site or Mobile App (021490)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54a38024-1554-4f79-b741-7a24347df7d3). | |
| **If…** | **Then follow the paths below to access the form...** |
| Web | **Note:** When using Caremark.com, the member will need to be registered to use this functionality. Registration is quick and easy. Refer to [Quick Registration for Caremark.com (012470)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c90a32de-421f-42c2-8d5c-69ce36571418). This may not be available for single sign on clients.  Under the **Plan & Benefits** menu, select **Print** **Plan Forms**. |
| PBM Mails  (We order and mail to them)  Customer Care - PeopleSafe/Fulfillment Automation | 1. Access the PeopleSafe Main Screen. 2. Select the **Order** [**Fulfillment** (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af) button. |
| Resolution Manager Task | Icon - Important Information Use only if the Fulfillment button is not working **or** the member is asking for five (5) or more of the same forms.    **Turn Around Time:** Up to 10 business days.   1. Review the CIF to confirm that the plan allows paper claims before sending the RM Task as follows. 2. Select the **Resolution Manager** Tab.    * Task Category: **Fulfillment**    * Task Type: **Claim Forms**    * Queue: Fulfillment - **Richardson**  * Task notes must include the following: “Unable to place the request through the Order Fulfillment button.” OR “Member requesting more than 5 of same form.” |
| **4** | Advise member to obtain documentation and complete the Paper Claims form.  **Note:** The member should send in the **original** paperwork from the pharmacy. Suggest that the member make copies for their own records. If any of this paperwork has been discarded, the pharmacy can re-print it upon request.  The necessary information will include:  **Member Information**   * Primary Member ID# * Member Name (member name and DOB and/or ID if ID is different from the cardholder) * Member Address and Phone Number   **Drug Information**   * Receipt aka “Prescription Leaflet” (This is the prescription informational sheet usually stapled to the bag) which will include: * Patient/Member Name * Pharmacy Name and Address or Pharmacy NABP Number * Prescription Rx Number * Drug NDC Number * Dispensing/Metric Qty * Date of Fill * Total Charge * Day Supply Number (May be written in by the pharmacy or member if not included)   **Note:**  If the days’ supply is not listed on the receipt from the pharmacy, advise the plan member to contact his/her local pharmacy or pharmacist to ask for the information.   * Prescribing Physician’s Name, Address, and Phone Number * Prescribing Physician’s DEA and NPI Number   **Note:** On the form, themember completes the Physician’s information. This information is not on the leaflet and needs to be obtained by the member from the physician.  **\*Secondary Claims Only\***  Explanation of Benefits from the Primary Insurance is needed.  **Over the Counter Medications:** If the request is to reimburse for an over the counter (OTC) medication, the member sends the Pharmacy receipts (cash register receipts printout) as required for OTC medication and diabetic supplies as allowed by the CIF plan design.  **Note:** Review the CIF to ensure it allows for paper claims for OTC medications; most do not allow for them unless they are Medicare D. For questions, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | |
| **5** | 1. Include all required documents in the original paper claim submission (if additional documents are needed then the paper claim would have to be resubmitted, including the necessary documents) again.   Icon - Important Information The member needs to send the original paper claim form and the original cash pharmacy receipt. Advise them to make copies for their record and send us the original.   1. Follow the [Paper Claim Submission Process](#_Process) section when resubmitting a paper claim. The members new paper claim request would be linked to their previous paper claim request/previous documents. | |
| **6** | Advise the member submitting their paper claim through the mail to send in all documentation and completed forms. Refer to [Submission Addresses](#_Submission_Addresses). Members should send the original paperwork & retain photocopies or scans for their record.  Not all members need to mail in their paper claim forms. Some plans allow submission online or through the CVS Caremark app. Refer to [Caremark.com – Submitting Paper Claims Through Desktop/Mobile Site or Mobile App (021490)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54a38024-1554-4f79-b741-7a24347df7d3).  **Reminder:** If a member has missing information on the original paper claim, they will need to resubmit a new one.  **Note:** Discuss the mailing options with the member. If a member has several claims to file, mailing them is a better option, as they only need to fill out one form and send all the receipts in together. Online requires a form for each claim.  If the member is requesting a copy of the letter for an already processed claim (approved or denied) contact Senior Team and request that a Salesforce case be opened to resend the letter.  **Standard Turn Around Time:**   * Allow up to 10 business days for claim to arrive in the mail. * Allow up to 30 days for claim to be processed. * If claim is found in the system and it has been **more than** 45 business days since the claim was received by CVS Caremark, and member has not received reimbursement, then refer to Paper Claim Research via [Paper Claim - Viewer (042396)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=531bdb49-5d03-46f6-83e6-4fdc0699cef4). | |

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| Submission Addresses |
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Review the CIF in theSource for paper claims addresses.

* Government plans:

<PBM Name>

P. O. Box 52195

Phoenix, AZ 85072-2195

**Non Government plans:**

* If the member has a **RxBin number of 004336** **or** If they are unable to find their RxBin number, then they would need to mail their documents to the following:

CVS/Caremark

P.O. Box 52136

Phoenix, AZ 85072-2136

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| Related Documents |

[Caremark.com – Submitting Paper Claims Through Desktop/Mobile Site or Mobile App (Commercial Clients) (021490)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54a38024-1554-4f79-b741-7a24347df7d3)

[COVID-19 At-Home Tests Talk Tracks (049260)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=07c658ca-a5bd-4b6b-be11-28baed7d3a07)

[Fulfillment Requests (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af)

[Paper Claim for Multi-Ingredient Compound Prescription (042384)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=06a1b33b-4f4a-4603-a8ab-e0f1376bfdca)

[Paper Claim - Viewer (042396)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=531bdb49-5d03-46f6-83e6-4fdc0699cef4)

[PeopleSafe - Submitting an Online Claim on Caremark.com for the COVID-19 at-home Test (049265)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b90ee41-2755-45df-9ec5-1241b989d91e)

[PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)

[Prescription Reimbursement Claim Form (041941)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3941d8b-03f2-41e8-997c-8d316b606a2c)

[Quick Registration for Caremark.com (012470)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c90a32de-421f-42c2-8d5c-69ce36571418)

[Search Find and View a Member’s Profile in PeopleSafe or RxClaim (027257)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512)

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

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

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