**Paper Claim Overpayment, Refund Recovery and Alternate Insurance Paid in Error**

[Process](#_Toc178688074)

[Related Documents](#_Toc178688075)

**Description:**Instructions to determine when a reimbursement claim has been overpaid or a refund recovery is needed or when alternate insurance paid for the claim in error.

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| **Process** |

 This process **does not apply to FEP or MED D.**

Changes in eligibility/plan benefits may result in claims processing after their coverage effective dates. As a result, the member may receive a collection letter requesting repayment for a claim that paid after coverage termination. The member would then submit a Paper Claim to our PBM for manual processing.

**Example:** Member switched to a different insurance plan, but the pharmacy processed a claim through the insurance plan that was canceled before the Insurance company officially terminated the plan. Now the member has received a letter from the insurance company requesting repayment.

Perform the step below:

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| **Step** | **Action** |
| **1** | Member will need to submit a standard Claim form, refer to [Compass- Identifying Paper Claims (050034)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c281dde6-a86e-451a-8828-9f2b98c17bb9) or [Paper Claim Research (Submissions, Locating, Rejections, and Reimbursements (059668](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729)) **and** the following:   * Pharmacy receipts indicating other insurance. * Letter requesting repayment for claim(s) paid after coverage termination which must include the following:   + The overpayment/recovery letter that itemizes the individual date of fill and amounts owed.   + Letters that provide a lump sum for multiple fill dates are returned by manual letter for clarification of charges. This document should indicate the true drug cost and/or amount paid by the plan minus the member’s cost for the prescription. * Statement of cost from the previous insurer (Computer generated cost summary from the provider of service which shows total paid, or amount covered/not covered, and the copay amount the member paid with other insurance)     **The documentation must contain the following:**   * Member name, DOB or/and ID * Prescribing Physician’s DEA and NPI number * Prescription (Rx) name and number * Prescription NDC number * Pharmacy Name and Address or Pharmacy NABP / NPI number * Metric Qty/Day Supply Number (May be written in by the pharmacy or member if not included) * Dispensed Quantity * DAW, if applicable * Date of Fill * Cost of Medication * Copay amount (only the copay amount will be processed with exceptions) * Explanation of Benefits from the primary insurance for**Secondary Claims Only**     **Note:**Some plans require that the member include the original amount of the drug in their documentation.  In these cases, the member can ask the pharmacy for a “Pharmacy leaflet.”  This document should have the original amount of the drug listed. |

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| **Related Documents** |

[Paper Claim Index (042914)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1f72603c-4632-4e85-8d97-16cb51a3be1f)

[Customer Care Abbreviations, 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) and [CALL 0011 Authenticating Caller](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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