# PeopleSafe - Financial Statement of Cost (SOC) Member, Spouse or Dependent

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**Description:** Use when a caller is requesting total co-pay and/or total cost of prescription (Rx) drug history. It displays prescriptions processed through the member’s prescription benefits. Includes the process to resolve different request types: Members under and over 18 years of age, deceased, active POA designee, and self requests.

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| High Level Process (HLP) | |
| 1. [**Determine**](#Determinethemember) **the member impacted by the request.**  * [Under 18 years of age](#Under18YOA) * [Over 18 years of age](#Over18YearsofAge) * [Deceased](#_Deceased_Member_Spouse) | |
| 1. [**Review**](#Reviewforspecificinstructions) **for Specific instructions.**  * Client Information Form (CIF) * PeopleSafe – High Priority Comments. | **Tip:** Only the member, the parent of a minor child, or a documented POA designee can request a SOC. |
| 1. [**Offer**](#ProvidetheoptionsforobtainingtheSOC) **the options for obtaining the SOC.**  * Member Access – Web (Most Efficient and Fastest Option) * Care Ordered – Mail delivery | **Tip:** Do not attempt to add an address other than the Default address that is on file. Requests to be mailed to a different address other than the Default address must be [requested in writing](#_Written_Requests_for_1) by the member or the POA designee.  All SOC’s created must be mailed to the [default address on file](#_Written_Requests_for_1). |
| 1. [**Determine**](#SecondaryInsurance) **if for secondary insurance filing.** | |
| 1. [**Determine**](#DeterminethedatesfortheSOCrequest) **the dates for the SOC request.** | |
| 1. [**Order**](#Orderthefinancialstatementofcost) **the Financial Statement of Cost (SOC)** |  |
| 1. [**Notify**](#_Turn_Around_Time) **the requestor of the Turnaround Time** |  |
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| Process |

**Notes:**

* A Statement of Cost (SOC) is **not** a letter of Creditable Coverage. Formember requesting Letter of Creditable Coverage, refer them to their benefits office.

Not available for externally adjudicated clients or for Secondary (Coordination of Benefits) Insurance coverage. If we do not handle the other plan, ask the Member to contact that insurance provider directly.



* Does not include the type of payment method used for home deliveries/mail orders. If member requests for a statement showing the method of payment for their non-specialty mail orders, refer to [Balance Transaction History/Payment Dispute (Mail Order Claims Only) (004578)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba2c70ed-7f0c-4779-98b6-9bc1eb9bbb1f).
* The same process should be followed for any Member Requests for Ineligible/Termed Clients. If the generated Statement of Cost button is not available, submit the task outlined in [step 5 below.](https://aetnao365-my.sharepoint.com/personal/david_davis_cvshealth_com/Documents/Daily%20Reporting/Formatted%20and%20Ready%20for%20Posting/GEN%2043264%20Financial_Statement_of_Cost%20SOC%20Member%20Spouse%20or%20Dependent%20pulled%2004072023.docx#Step5)
* **MED D EGWP/STCOB beneficiaries** requesting Statement of Cost (SOC): Members may need a Statement of Cost (SOC) showing the amount they paid for prescription drugs filled while they were covered under the commercial benefit. Review the plan and benefits for these accounts then select **Explanation of Benefits (EOB)**. As seen on the website.

 If an EGWP/STCOB member calls to request a Statement of Cost, **do not** order the Statement of Cost from the SilverScript/Primary plan. Order the Statement of Cost from the **commercial/wrap (EGWP)** **account.** This ensures that the financials paid by both portions of the member’s benefit are accounted for in the statement.

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Determine the member impacted by the request then review for specific instructions in the CIF regarding SOC’s.  Icon - Important Information Only the member, the parent of the minor child, or a documented POA designee can request a SOC.  **Note:** Some clients do not have fulfillment items set up, however we are able to send statement of cost. Review the CIF to make this determination. | | |
| **If the SOC is for the member and they are…** | **Then…** | |
| Under 18 years of age | Confirm you are speaking with the parent of the minor child, then continue to the next step. | |
| Over 18 years of age | Confirm you are speaking with the member directly or a [Power Of Attorney (POA) (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1) designee with proper documentation on file, then continue to the next step. | |
| Deceased | Refer to [Deceased](#_Deceased), complete the process and then return and continue to Step 3. | |
| **2** | Review the [High Priority Comments (086165)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dfe59c11-8a1a-4c1e-b939-2825186a20ce) to ensure there are no account restrictions. | | |
| **3** | Click on the correct member from the eligibility drop-down box. | | |
| **4** | Offer the option of [obtaining the Financial Summary Report via Caremark.com (018771)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=49174a61-def5-436c-9087-69cf5f17a352). If the member would still like a paper copy mailed to them, proceed to the next step.  High Importance Website printouts of Financial Summaries (Statement of Cost) may or may not be accepted if the member is filing for a Coordination of Benefits. If the member’s secondary PBM requires to have SOC on CVS/Caremark company letterhead, then request the SOC to be mailed to the member through the PeopleSafe automation, or via RM Task. Refer to [Member Request (For Self or Dependent Under 18 Years of Age).](#Under18YOA) | | |
| **5** | Determine the dates for the Statement of Cost (SOC) request.  **Reminder:**   * Requestsmore than 7 years from the current date cannot be accommodated. | | |
| **If…** | | **Then…** |
| Up to two (2) years from current date | | Proceed to next step.  **Note:** Do not create an RM Task for requests up to two (2) years in the past from the current date. |
| Between (2) and (7) years from the current date  /  Member requires original signature by pharmacist be included | | Create **an “RM” Task as follows**:   * + Task Category: **Fulfillment**   + Task Type: **Statement of Cost – Participant**   + Queue: **SOC Reporting – Richardson**   + Report Type: (Select one) * LGL-Detailed Prescription History * RXH-Prescription History Statement * SOC-Financial Statement of Cost   **Notes:**   * Requests for multiple years, such as 2019 and 2020, submit **one** RM task with notes stating which years of reporting requested. * Refer to the[Report Types](#_Report_Types) in this document to determine which report should be sent. * If the member requires a signed Statement of Cost, indicate: “Original Signature by a Pharmacistis required on the Statement of Cost.” * When requesting SOCs for more than one family member, submit a separate task for each person. * If the member has had more than one ID number during this time, complete a separate RM task for each ID number. * If the member **specifically requests** separate reports for each year, submit a task for each year requested. * To cancel an SOC task that was submitted, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |
| **6** | Order the Financial Statement of Cost by clicking the **Order Fulfillment** button on the Main screen.  **Result:** Order Fulfillment screen displays.  **Note:** If this message displays, “No fulfillment items have been setup for this client.” Review the CIF and confirm that we can send SOCs for the member.  **Icon - Important Information** SOCs are not available for externally adjudicated clients. | | |
| **7** | Click the **Generate SOC (Statement of Cost)** button (bottom of screen). | | |
| **8** | Submit the **Start/End dates:** Desired date range of the SOC - two (2) year limit.  **Result:** Displays the electronic version of the member letter that you can view and or review with the member. | | |
| **9** | Uncheck the **Excluded Filter boxes**. (Checks placed any of these boxes allows Prescription History to be excluded from the SOC.) | | |
| **10** | Verify the **Mail to Information** – Member Address or the address where the member requests the SOC to be mailed.  **Note:** Mail request to the defaulted address on file.  Icon - Important Information Requests to be mailed to a different address, other than the default address, or to an Authorized Party must be [submitted in writing](#_Written_Requests_for_1). | | |
| **11** | Determine if the member has a [UID (Universal ID) (088683)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2da711de-33c7-4583-b6e1-a47af6587e43) number associated with their account. | | |
| **If...** | | **Then…** |
| Yes | | Ensure the **Include** filter box for **SOC by UID** is checked.    **Result:** This ensures that all claims processed with this ID will be pulled (regardless of carrier-to-carrier changes). |
| No | | Proceed to the next step. |
| **12** | Click **Submit SOC**.  **Result:** A cover letter is sent with the SOC and a record of the request is logged under the **Statement of Cost History** in PeopleSafe. | | |
| **13** | Ask the member if they would like a copy of this report sent automatically annually.  Icon - Important Information Do not offer to term clients or ineligible members. | | |
| **If…** | | **Then…** |
| Yes | | Select the box adjacent to **Annual Enrollment** and select **Save.**    **Note:** If the member has a UID associated with their account, select **Annual SOC by UID**. |
| No | | Confirm there are no other items you can assist with and close the call accordingly. |

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| Deceased |

This section provides direction when a caller is requesting the total co-pay and/or total cost of (Rx) prescription drug history for a specific time for a deceased member.

**** Statement of Cost (SOC) information can neither be requested nor released except to the Executor of Estate. A Power of Attorney is invalid upon the member’s death.

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | 1. Access PeopleSafe and review [High Priority Comments (086165)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dfe59c11-8a1a-4c1e-b939-2825186a20ce) and/or View Privacy Info screen. To determine if documentation is on file, refer to [Forms Members Can Submit to Authorize Access and Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65). 2. Ask the caller to have the following items sent to us, along with a [written request for the SOC](#_Written_Requests_for_1):  * Include a copy of documentation showing the caller as the Executor of Estate.   + If the Executor of Estate was not appointed, provide a notarized affidavit (a written statement of fact made under oath) stating they are closing the affairs of the deceased. * Copy of Death Certificate | | |
| **If the necessary documentation…** | **Then…** | |
| Is not on file | Provide the address for the documents and written SOC request to be mailed. Refer to the [Written Requests for SOC](#_Written_Requests_for_1) section in this document to advise what the written request should include.  Mail to:  **<Home Delivery Pharmacy Name>**  **Customer Care**  **PO Box 6590**  **Lee’s Summit, MO 64064-6590** | |
| Has been submitted | Confirm the documentation was received by checking High Priority Comments and/or View Privacy Info screen. For assistance in locating the Executor of Estate, refer to [Forms Members Can Submit to Authorize Access and Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65). | |
| **If…** | **Then…** |
| Yes | Submit an SOC based on the time being requested; refer to [Process section beginning with Step 2.](#ProcessSectionStep2) |
| No | Refer to step 1 in this section and educate the caller of the necessary documentation needed. |
| **2** | Return to [Process section and continue the steps beginning at Step 3.](#ProcessStep3) | | |

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| Written Requests for SOC |

All requests must be mailed to the default address on file. Requests to be mailed to a different address, other than the default address, or to an authorized party must be submitted in writing.

The SOC is mailed for the person or persons who signed the written request. **Example:** If the husband is requesting SOC for himself and spouse, both parties must sign the written request.

The letter should include:

* Member’s name
* Member’s address
* Member ID
* Date range requested
* Member’s signature

Written requests for SOC must be mailed to:

**<Home Delivery/Mail Order Pharmacy Name>**

**Customer Care**

**PO Box 6590**

**Lee’s Summit, MO 64064-6590**

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| Report Types |

Separate reports for each year can be requested.

There are three (3) reports that can be requested for any of the following reasons:

* Housing Purposes
* Legal Purposes
* Tax Purposes
* Other Insurance Purposes
* Personal Purposes

### Order the Financial Statement of Cost

1. **LGL-Statement of Cost**

**Note:** This is a request that have been received from a legal firm, the Board of Examiners, or Record Collection Agencies for extensive information on a member. Requests are received via mail at the following address:

<PBM Name>

Customer Care

PO Box 6590

Lee’s Summit, MO 64064-6590

1. **RXH-Prescription History Statement**

**Note:** This is a request that requires prescription information in addition to the dollar amounts. It includes:

* Pharmacy Name
* Fill Date
* Rx Number
* NDC Number
* Drug Name
* Drug Strength
* Quantity Dispensed
* Total Gross Cost (Amount billed by pharmacy)
* Total Member Cost (What member paid)
* Total Net Cost **(What the plan paid)**

**Note:**This report can include prescription information without cost. It is generated by submitting a Task.

1. **Financial Statement of Cost (SOC)**

**Note:** This report displays prescriptions processed through the member’s prescription benefits for both home delivery and Retail Service transactions. It includes:

* Pharmacy Name
* Fill Date
* Total Gross Cost (Amount billed by pharmacy)
* Total Member Cost (What member paid)
* Total Net Cost. (What the plan paid)

**Note:** The Standard report is completed via automation and can choose not to include:

* Rx Number
* Drug Name, Strength, Dosage
* Prescriber Name Deductible Applied

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| Frequently Asked Questions and Answers |

Use as needed:

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| **#** | **Question** | **Answer** |
| **1** | Can the member be given verbal information from the Financial Statement of Costs? | Verbal information is the financial details of a claim for the member. You may release these to a fully authenticated member or POA on file for any claims on file. If speaking with a 3rd party, you may only discuss medications if the caller provides you with the prescription name or number of the medication. |
| **2** | How are requests accepted from the Attorney’s Office or Record service? | All request from an attorney’s office and/or Record Service must be submitted in writing to the following address:  **<Home Delivery/Mail Order Pharmacy Name>** Customer Care  P O Box 6590  Lee’s Summit, MO 64064-6590 |
| **3** | Does the Financial Statement of Cost include specialty medications? | The financial statement of cost displays any prescription that is processed through the member’s prescription benefits. |

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| Turn Around Time |

All other requests: Up to a 5-business day’s turnaround time from receipt of authorization by our Home Delivery/Mail Order pharmacy not including mailing time.

**Legal Requests**: Up to 30-calendar day’s turnaround time from the date received by our Home Delivery/Mail Order pharmacy not including mailing time.

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| Related Documents |

* [Log Activity and Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)
* [Statement of Cost (SOC) Sample (067674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1b5db0e9-a26f-4f95-88d5-ef7011ea6bca)
* [Universal Care - Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd)
* [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)
* [Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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

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