# PeopleSafe - Resolution of Eligibility Issues

[No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_Toc201067170)

[Standard Eligibility](#_Toc201067171)

[Cardholder Based Eligibility](#_Toc201067172)

[COBRA Coverage](#_Toc201067173)

[Troubleshooting](#_Toc201067174)

[Turnaround Time](#_Toc201067175)

[Related Documents](#_Toc201067176)

**Description:** Process for when a member states that they should be eligible to have their prescriptions filled at our PBM but there seems to be some type of eligibility issue.



* If client is Medicare D refer to [MED D – SilverScript – Resolution of Eligibility (072397)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=34edc9c1-9a73-4751-ac8b-94405d775700).
* For Blue MedicareRx (NEJE) refer to [MED D - Blue MedicareRx (NEJE) - Resolution of Eligibility (030308)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b159d36-1f04-41f4-b5cf-7ea7f741a2d9).

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| No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent) |

Some callers will be PBM employees or plan members. If you perform an eligibility search and receive a pop-up message that you don’t have access to the account, refer to

[Compass and PeopleSafe - Transferring Calls to Dedicated Client Teams (062992)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c87518d-83f5-4884-8631-1f427b77da7d).

After completing a member search and once an eligibility issue has been identified, perform the following steps:

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| **Step** | **Action** | | | |
| **1** | Conduct a [member search (027257)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512) and continue if one of the following apply:   * No eligibility record found for member and/or spouse and/or dependent. * No active eligibility record found for member and/or spouse and/or dependent for a specified client. * Eligibility is found for the member, but it has incorrect information.   **Notes:**   * Refer the member to their Client Benefits office for changes to date of birth(DOB), name changes, gender, etcetera. If the member is showing eligible but they are NOT supposed to be active refer them to their Benefits Office to make the update. * Client file feeds occur on different schedules. Clients may contact the CVS Eligibility Center of Excellence directly to update a file in real time. * Eligibility is found for the specified family member in RxClaim, but not in PeopleSafe. * Ask if they are on COBRA. If yes, refer to the [COBRA Coverage](#_COBRA_coverage) section and then return to this section and follow the steps to address the eligibility issue according to the client’s eligibility process. * Ask the member if their name has changed. | | | |
| **If…** | **Then…** | | |
| Red text is displayed in the lower section of screen when searching for a member. | Member search returns error message: **Do not read to member**. CCR information only.    I apologize but your benefits are not serviced by us. Please call the Customer Care number listed on the back of your ID card.  **Note:** If the member does not have an ID Card, advise them to contact theirmedical carrier or their employer’s Human Resources or Plan sponsor’s Benefits department.  Do not transfer these calls or attempt to further help the caller. | | |
| Eligibility is not found in PeopleSafe however upon searching for the member, it displays a single line of information from RxClaim. | **Notes:**   * If the member is active in RxClaim, they can utilize their benefits at the local pharmacy to obtain medication. * Assist the beneficiary in obtaining the medications locally. Refer to the CIF then the Retail Logic section, as appropriate. * The members’ full profile must be loaded into all systems before they can utilize Home Delivery/Mail Order prescription services.   Contact the Eligibility Center of Excellence at **1-800-803-1461** (Do not disclose this number; for internal use only) using proper introduction to determine if the account can be updated to PeopleSafe.    Icon - Important Information If the Eligibility Center of Excellence is closed (Hours of Operation: Monday thru Friday 8 am to 5 pm CT), submit an RM task to request that the file be moved from RxClaim to PeopleSafe as follows:   * **Task Category:** Eligibility * **Task Type:** Ineligible Participant/Spouse/Dependent * **Queue:** Eligibility-San Antonio   **Note:** When sending an Eligibility Task for Member/Spouse/Dependent **not** on File, if there is no member ID that can be provided, type in the Participant ID field “9999999”. In the Callback task, include the member’s first and last name, DOB and phone number.    **Result:** Once an eligibility RM task is opened, the Eligibility department updates PeopleSafe to match RxClaim. Once the update is requested and noted in Comments as pending, the Eligibility RM task is closed.  **Turnaround Time:** An Eligibility Task for Participant/Spouse/Dependent not on file can take up to five (5) business days.  **Note:** If the member cannot wait five (5) business days, advise them they can go to their local retail pharmacy to obtain the prescription. | | |
| Future Eligibility found | Proceed to **Step 2** after confirming there is not any current eligibility. Refer to [Search Find and View a Member's Profile (027257).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512) | | |
| * No ID number is available. * No eligibility record found at all for member and/or spouse and/or dependent. * No active eligibility record found for member and/or spouse and/or dependent for a specified client | Proceed to **Step 2**. | | |
| Anyfamily member is found with **both** an active line of eligibility and a Standard Eligibility indicator | Proceed to [Standard Eligibility](#_Standard_Eligibility). | | |
| Anyfamily member is found with **both** an active line of eligibility and **no** Standard Eligibility indicator | Proceed to [Cardholder Based Eligibility](#_Cardholder-Based_Eligibility). | | |
| Any family member found with **incorrect** profile information.  **Examples:** DOB, spelling, gender, primary/secondary etcetera | Proceed to **Step 6**. | | |
| **2** | Ask probing questions to confirm the member has coverage through the PBM then ask the member if their name has been changed.  **Example:** Member may have a different PBM or is inquiring about retailpharmacy home deliveries. | | | |
| **3** | Ask for a client name to confirm that you have located the correct member file **OR** access the CIF and provide the eligibility process information.   * If a member cannot be found by searching for their name, date of birth, or the member ID number **AND** they are calling regarding a Specialty inquiry, then ask if they have an account with CVS Caremark. * If **not**, then ask if they are using CVS Specialty and for the name of the medication. If a Specialty drug name, provide the [Specialty Department’s phone number (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) and perform a warm transfer.   I am reaching out to a Specialty Pharmacy representative for assistance with your therapy; it may take me a few minutes to reach them. I will be providing your information, so the representative is prepared to assist you. I will check back with you within 5 minutes to update you; unless you would prefer that I check back with you every few minutes? For your future reference, the phone number for Specialty Pharmacy Customer Care is **1-800-237-2767** (CareFirst **1-855-264-3237**). | | | |
| **4** | Ask the caller when their plan or member eligibility should be effective.   * If speaking with the benefits office, refer to [Troubleshooting](#_Troubleshooting). | | | |
| **If...** | **Then...** | | |
| At a future date | Ask for the plan/client’s name and search for a CIF. | | |
| **If a CIF is...** | **Then...** | |
| Found | Advise the caller that an account was located but it is not active yet. Review the CIF for instructions about Open Enrollment and for Universal IDs to run Test Claims.  **Note:** You can release general benefit information, such as plan design. | |
| Not found | Advise the caller to check back on the effective date of coverage. | |
| Now or on a previous date | Verify the plan/client’s name (if not already provided) and proceed to the next step. | | |
| **5** | Review the CIF to determine if the member uses the PBM.  **Tip:** This information is located in the Need-to-Know section.   * If the CIF does not indicate termed, continue to **Step 6**. * If the CIF indicates termed, inform the member of the termination. This may include the name of the new PBM and referral to their Benefits office. | | | |
| **6** | Review the CIF for eligibility instructions. If Cardholder Based Eligibility is referenced, proceed to [Cardholder Based Eligibility](#_Cardholder-Based_Eligibility).   * If the member’s name or date of birth is correct in RxClaim, however not in PeopleSafe, call (do not transfer the member) and notify the CVS Eligibility Center of Excellence at **1-800-803-1461.** | | | |
| **If the CIF indicates…** | **Then…** | | |
| Refer to Benefits Office | Provide the Benefits office phone number listed in the CIF. If no Benefits office phone number exists in the CIF, advise the member to contact their employer’s Human Resources department or plan sponsor’s Benefits office representative.    **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary and newborn child). | | |
| Refer to Third Party Administrator (TPA) | Give the name and phone number listed for the TPA (and/or any other pertinent information provided in the CIF). If there is no phone provided, refer them back to their Benefits office.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |
| Other | Review the Comments in the Eligibility section and follow those instructions. Provide the phone number, if listed.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |
| Refer to Account Manager | Review the CIF and warm transfer to the Senior Team to perform a procedural transfer.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |
| Our PBM handles or CIF directs to sends an RM Task | Send a task according to the appropriate scenario below: | | |
| **If the member…** | | **Then…** |
| Is not on file.    **Note:**  This does not apply to **incorrect** profile information. Refer member to benefits office for incorrect profile information.  **Examples:** DOB, spelling, gender, primary/secondary etcetera. | | 1. Send an Eligibility task as follows:  * **Task Category:** Eligibility * **Task Type:** Participant/Spouse/Dependent not on file * **Queue:** Eligibility – San Antonio  1. Offer a [Participant (Member) Callback Request (010590)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1deb6339-c28a-4591-bb3c-c244a0c0fcdf) task.   **Notes:**   * Do not send a separate task for each person. One task should be submitted for **all** family members. * When sending an Eligibility Task for Member/Spouse/Dependent not on File, if there is no member ID that can be provided, type “9999999” in the Participant ID field. * In the Callback task, include the member’s first and last name, DOB, and phone number. |
| Has an account under the client but is showing as not eligible  **Note:**  Does not apply to **incorrect** profile information. Refer member to benefits office for incorrect profile information.  **Examples:** DOB, spelling, gender, primary/secondary etcetera. | | 1. Send an Eligibility task as follows:  * **Task Category:** Eligibility * **Task Type:** Ineligible Participant/Spouse/Dependent * **Queue:** Eligibility – San Antonio  1. Offer a [Participant (Member) Callback Request (010590)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1deb6339-c28a-4591-bb3c-c244a0c0fcdf) task.   **Notes:**   * Do not send a separate task for each person. One task should be submitted for **all** family members. * Review the View Activity screen for previous tasks to determine if a task was already submitted for the issue. If in progress or closed, inform the member of the status/result.   **Tip:** Refer to the [Turn Around Time](#_Resolution_Time) section in this document for more information on how eligibility tasks are handled. |
| CIF indicates that this is a  Phase III Client or refers to a Phase III Client List | Refer to their Benefits office.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |
| Does not have any instructions for handling eligibility (area is blank) | Warm Transfer to the Senior Teamto verify eligibility and complete a procedural transfer.  **Result:** If the Senior is unable to determine eligibility and there is a CIF, they will review it for direction in handling eligibility updates. If information is not available in the CIF, they will reach out to the Account Manager for directions.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |
| Client | Refer to their Benefits office.  **Note:** This includes **incorrect** profile information (**Examples:** DOB, spelling, gender, primary/secondary etcetera). | | |

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| Standard Eligibility |

* Cardholder is eligible with “Standard Eligibility” indicator next to Eligibility indicator in Main screen**.**
* Family Member (other than Cardholder) is not in Eligibility dropdown box.
* Family Member (other than Cardholder) shows as “Ineligible” in Eligibility dropdown box.
* Ask the member if there has been any change in their name.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Access PeopleSafe and locate the member information.  **Result:** Main screendisplays cardholder is eligible, with **Standard Eligibility** indicator next to **Eligibility** indicator.     * If the Standard Eligibility indicator exists, but **family member displays as ineligible** with the error message “Employing Client Not Found Due To No Current Prescription Benefits for Member” continue to step 2 of [No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_No_Eligibility_Record). * If the Standard Eligibility indicator exists, but **family member is not displayed** in the Eligibility drop down box, continue to **Step 2**. | |
| **2** | 1. Click the **Eligibility** button on the Main screen to access the Additional Eligibility screen.   **Note:** Standard Eligibility does not mean that family members are automatically covered.   1. Determine if spouse and/or dependents are covered on a plan that utilizes Standard Eligibility by reviewing the Coverage Type and Dependent Coverage fields.     **Coverage Types:**   * **Family Coverage**: Coverage for all family members through the age of XX. This means that all family members are covered, whether you see them in the dropdown box or whether they show eligibility or not. * **Cardholder and Spouse:** Dependents other than spouse are not covered. * **Cardholder and Dependents:** Spouse is not covered. Dependents are covered through the age of XX. * **Cardholder Only:** No other family members will be covered. * **Spouse Only:** Only the spouse is covered. * **Dependents Only:** Dependents only are covered, through the age of XX.   **Dependent Coverage** is important when coverage reflects a specific age.   * **DOB:** Dependent is covered until the birthday they turn the specific age. * **EOM:** Dependent is covered until the last day of the month they turn the specific age. * **EOY:** Dependent is covered until December 31st of the year they turn the specific age. | |
| **If Coverage type and Dependent Coverage Type fields…** | **Then…** |
| Support coverage of the family member | The family member is eligible. Continue handling as normal. |
| Do notsupport coverage of the family member | The family member is **not** eligible. Proceed to [No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_No_Eligibility_Record). |

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| Cardholder Based Eligibility |

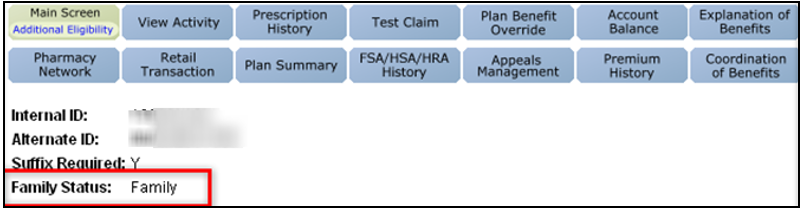
Cardholder based eligibility means that only the cardholder's name displays in the eligibility line. Dependents are not listed separately; however, dependents are covered, and retail claims are to be processed under the cardholder's profile. It is like standard eligibility.

**Notes:**

* Do not advise members that their dependents are not covered.
* If a member is out of medication and is unable to wait for the turnaround time for the task to be worked, warm transfer to Senior Team.

Access PeopleSafe and click the **Eligibility** button then review the **Family Status** field. If cardholder-based eligibility is used, it displays “Family.”

**Note:** When cardholder-based eligibility is identified, review the CIF for client-specific eligibility instructions.



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| COBRA Coverage |

* The Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, was enacted in 1986. This law provides the opportunity for continuation of group health coverage that otherwise might be terminated. COBRA coverage is mandated when coverage is lost due to specific events.
* Continuation of existing benefits is allowed for temporary periods and is made available at the group rates. Coverage for COBRA members are usually more expensive than health insurance for active employees since most employers contribute part of the premium. People who elect COBRA coverage generally pay the entire premium themselves.
* If the benefits are paid for the former employee monthly, due to the cost, their eligibility records may be affected.
  + When payments are not received by a certain date, eligibility tapes may be sent causing that person’s prescription benefit/profile to be terminated. Many of these situations require eligibility verification monthly, which can result in an increase in customer dissatisfaction. To save the member time and effort they can make timely payments for the coverage to their employer or suggest that the member call the PBM before going to the pharmacy.
* If a COBRA member is ineligible, follow the client’s eligibility process to address the issue. Refer to [No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_No_Eligibility_Record) **Step 2** for standard process steps.

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| Troubleshooting |

Use as needed:

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| **Situation** | **Resolution** |
| For a possible client impacting eligibility issue | Refer to [Submitting Feedback and Reporting Client Issues (002194)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e454e036-8be6-420e-81d2-10b8a1394af4). **Do not** contact the Senior Team. |
| The member is eligible, but they are not supposed to be active | Refer them to their Benefits office to make the update. For Cash Card accounts refer to [PeopleSafe - Drug Discount Card Program (022376)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aade7472-34ea-4dfc-b215-14a208f55d27). |
| Unable to view the reject claims | Perform a [name and date of birth search (027257)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512) to look for other lines of eligibility. The IVR may have provided an inactive coverage message. |
| * One member under multiple clients * Member ID number displays multiple lines of eligibility, all for that member and under more than one client, causing the member to be unable to use the automated services | 1. Assist the member with the procedure that they were attempting through the automated system. 2. Request their eligibility be updated to prevent future issues, regardless of who handles eligibility. Refer to [Different Client Codes (Multiple Cardholder) (002394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7f7e9254-b78f-4b9e-988b-c65ea56211c4). |
| * Multiple members with same ID and Client Code, or one member with multiple lines of active eligibility * Member ID displays multiple cardholders sharing the same ID **and** the same client code, or multiple lines of active eligibility, causing the member to be unable to use the automated services | 1. Assist the member with the procedure that they were attempting through the automated system. 2. Request their eligibility be updated to prevent future issues, regardless of who handles eligibility. Refer to [PeopleSafe - Same Client Code / Same Id# (Multiple Cardholders) (002390)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d4f49c13-6719-4abd-95a8-84a2d37816ce). |
| Newborns | Newborn coverage is based on the client. Review the CIF.  **Note:** No divert is created for a prescription that processes on the mother’s file.   * If the CIF indicates **Yes** for Newborn Coverage, it will be followed with instructions on how the coverage is processed. * If the CIF indicates **No** or is blank for Newborn Coverage, process the prescription request using the mother’s name and date of birth. This means that there is no additional plan coverage for newborns and within a certain time frame the parent would need to add the child to the plan. |
| * One twin’s claim pays, and one rejects. * Member is unable to use benefits due to multiple births (twins) or family members with the same date of birth (month and year) | Refer to [Twins (Rx) Adjudication (Multiple Births) (026065)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc2957e6-d277-44fd-bdb0-37ce06631786). |
| Members seeking a Letter of Creditable Coverage | Refer member to their Employers HR (Human Resources) Benefit Office |
| Delivery systems or Virtual pharmacy is blank or listed as unknown | * If the member does not need to fill prescriptions now, send an RM task for **Ineligible Participant (Member)/Spouse/Dependent** and offer a callback to the member. Procedures for the RM Task: Proceed to Step 2 of [No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_No_Eligibility_Record). * If a member needs refills at the pharmacy now, contact the Eligibility Center of Excellence at **1-800-803-1461** and remain on the line (Eligibility will not talk to the member, they will provide further instructions). |
| Claims rejecting for secondary coverage, but member indicates it should be primary | Review the CIF for alternate insurance flag (Reject 41) information and warm transfer to the Senior Team to perform a possible procedural transfer. |
| Pharmacy is processing the prescription, but the system is not accepting | Compare information found by selecting the **View Transmission** button on the Prescription Detail screen then validate processing information (BIN, PCN, Member/ID Tag number) either from the Eligibility Screen, or in the Retail Logic section of the CIF.  If there are processing information (BIN, PCN, Member/ID Tag number) errors, provide that information to your caller.  **Note:** The pharmacy may receive Reject 09 “M/I Birthdate” even though the DOB is correct. The system displays this error **when** Eligibility information is incorrect.  Verify the pharmacy uses the correct Member ID and person code. Refer to [PeopleSafe - Pharmacy Requesting a Member ID (101031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4619bc03-55c8-4a3c-944a-cd81675d40a8).  If no processing errors are found, determine who handles Eligibility based on the CIF.   * If CIF states someone other than Caremark handles eligibility, refer the member back to the appropriate parties. * If the CIF states not to send back to the client for any reason, then warm transfer to the Senior Team for a procedural transfer to have the Account Manager contacted to make the adjustment. * If our PBM handles eligibility, create an RM Task if the member is on the phone. * **Task Category:** Eligibility * **Task Type:** Ineligible Participant/Spouse/Dependent * **Queue:** Eligibility – San Antonio * **Comments:** Include the steps and information that were taken to validate the members’ account. |
| Benefits office (broker, person from the plan) calling to update a member’s account   * Ensure the person on the phone has the capacity to provide and upload an eligibility file. | Warm transfer and properly introduce the benefits office to the Eligibility Department for updates at **1-800-803-1461** (Internal number only, do not disclose to member).  **Icon - Important Information** TheEligibility Center of Excellence will not speak with the Benefits office if the member is on the line. Only the Benefits office may be transferred to Eligibility Center of Excellence. |
| RxClaim displays correct name or date of birth however PeopleSafe is updated incorrectly | Call and notify the CVS Eligibility Center of Excellence at **1-800-803-1461** but do not transfer the member. |
| Member states a specific account should not be active | Advise member to contact their Benefits Office to have the account closed/termed |

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| Turnaround Time |

* All Eligibility Tasks have a turnaround time of up to five (5) business days.
* If a representative of the benefits office calls in to the Eligibility Center of Excellence and has the capacity to upload an eligibility file those updates are reflected in real time.
* Any updates coming from the benefits office that are not called in to the Eligibility Center of Excellence do not have a set turnaround time due to each client having different internal time frames for sending the eligibility file.

Review the CIF for client specifics.



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| Related Documents |

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

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

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

[PeopleSafe Main Screen Job Aid (018567)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f9d8a284-f4d0-4768-910b-4d2a88998ac0)

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