# PeopleSafe - Submitting an Online Claim on Caremark.com for the COVID-19 at-home Test

[Process](#_Toc134706952)

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**Description:** Information to walk a member through the process of submitting COVID-19 at-home test(s) receipts purchased for their personal use on Caremark.com for reimbursement, the turnaround time and what to do when the amount reimbursed is less than expected. **Commercial plans only**, there is no digital option available for MED D/Medicaid plans at this time.

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| Process |

The Biden Administration announced that the two national emergencies addressing COVID-19, the public health emergency (**PHE**) and the national emergency, ended on May 11, 2023. We shared anticipated process changes with CVS Caremark clients on March 22, 2023, so clients had time to decide what is best for their individual plan design and coverage.

Effective May 12, 2023, processes to cover Over the counter (**OTC**) COVID-19 test kits (with or without prescription) discontinues unless the client elects to continue coverage.

If a client does not elect to continue coverage, OTC COVID-19 test kits (with or without a prescription) are not covered under the client’s prescription drug plan. Members can, however, continue to purchase COVID-19 test kits out of pocket. For some plans, members may be able to use funds from a health savings account or a flexible spending account toward OTC COVID-19 test kits.

Refer to the CIF to determine if the member’s plan has this benefit for any tests purchased after May 11, 2023.

**Note:** If the member does not have access to request a reimbursement online, open an RM Task as follows:

* **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. The request is specifically for a Covid-19 Over the Counter At-Home Test reimbursement claim form.”

Advise the member to perform the steps below:

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| **Step** | **Action** |
| **1** | Obtain a picture of the receipt of purchase.   * The receipt must show the name of the test, store name, date of purchase, and the purchase price. * There is a maximum file size of 3 MB for the picture, and it must be in the format of JPEG, PNG, or PDF.   **Note:**   * We recommend taking a picture of the receipt using a smartphone and following the remaining steps using the mobile website on the smartphone. * If you do not have a smart phone available, obtain a picture through another method. There are many ways this can be done, such as scanning the receipt with a printer/scanner or taking a photo with a camera and adding it to your computer for uploading. |
| **2** | Access the [Caremark.com](https://www.caremark.com) website. |
| **3** | Log into your Caremark.com account.  **Customer Care Representative (CCR):** If the member does not have a login, assist them with registering or send them a Quick Registration hyperlink.    **Note:** The system requires validation. The member needs to select how to receive the validation code (text message or email). Once received, they input the validation code and press the **ENTER** key. |
| **4** | Select **Plan & Benefits** tab (top of screen) then select **Submit Reimbursement Claims**. |
| **5** | Select **Submit at-home COVID-19 test reimbursement claim.** |
| **6** | Answer the question **Who is this claim for**? (Self, Family member or dependent), then click **Continue**.     * If the selection was for a family member, a list displays. Select the appropriate family member.     **Result:** A confirmation page displays. |
| **7** | Review the information to ensure the appropriate family member displays with the correct address and mobile phone number.   * Edit the address and mobile phone number if needed, then click **Continue**. * If the **incorrect** family member displays, click on the **Back** button to select the correct family member and then continue to confirm their information.     **Result:** Enter claim information page displays. |
| **8** | Complete the fields on this page, then click **Continue**.   * How many at home COVID-19 tests are on your receipt for the covered member? (Drop down list of choices)   **Note:** If you buy a multi-pack of tests, each test in the package counts as a single test, so a four-pack counts as four tests.   * **Name of test:** (Drop down list of choices) * **Store Name:** Add the name of the store where purchased * **Date of Purchase:** Type in the format of mm/dd/yyyy * **Purchase Price:** Type in format of $XXX.XX       **Note:** If any of the fields are left blank or input incorrectly, an error message displays indicating the error. Correct and click **Continue**. |
| **9** | Click on **Attach receipt**, locate the picture you saved on your device, then select **Attach and Continue**. |
| **10** | Add additional comments, if necessary, then click **Continue**.  **CCR:** These comments only load in Paper Claims visible in MedForce. |
| **11** | Review the claim. If all information is correct, click **Continue to submit claim**.   * If any information is incorrect, use the Edit icon to make the changes, then proceed.   **Note:** When submitting a claim, the test amount should be used. That is the total number of tests <not boxes>. One box of (2) tests = 2. |
| **12** | Read the messages on this page. When ready, click the checkbox to certify that the test was an at-home COVID-19 test purchased for personal use, then click **Submit Claim.**    **Result:** Confirmation screen displays. You may document the confirmation number for your records.    **Turn Around Time:** The online system may indicate a different turnaround time.  We estimate that the turnaround time to be 30 calendar days from the time that we receive the request however as the volume increases processing takes longer. The member receives either an Approval with a check attached, or a Denial.  **Note:**  If the reimbursement is taking longer than 30 calendar days, thank the member for their patience and let them know they should receive a response within the next two weeks. If the member has not received a response within 6 weeks, refer to [Paper Claim - Viewer (042396)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=531bdb49-5d03-46f6-83e6-4fdc0699cef4)  **Reimbursement Was Less Than Expected**   1. Run [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for a specific [approved COVID-19 at-home Test (049260).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=07c658ca-a5bd-4b6b-be11-28baed7d3a07)   **Note:** Eligible approved at-home COVID-19 tests include single-use, cartridge-based tests that do not require a machine or mobile app to get results.  (Coverage is $12 per test or the lessor amount that was paid). If the member input the reimbursement online, did they select the number of tests or the number of kits? If kits, that is the reason for the difference.   1. Conference/Warm transfer to the Senior Team to have a SalesForce case opened for Paper Claims to review.   **Turn Around Time:** Up to 45 days. |

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| Related Documents |

**Call Logging:** Covid-19 OTC Test Kits, use Activity Code 1898 and add the following in the Activity Log Notes: “COVID-19 OTC TEST KIT Inquiry”.

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

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

**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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