# Compass - Paper Claim Submission Job Aid

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**Description:** Instructions for plan members on how to submit paper claims for prescription reimbursements, including necessary forms, documentation, and submission addresses. It also outlines the process for members who have paid out-of-pocket at retail pharmacies to request payback.

| Reminders |
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**Review the** **Client Information Form (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.

Icon - Important Information **When educating members about the Paper Claims process, read the following disclaimer:** Icon - Conversation **The submission of a paper claim does not ensure reimbursement under the prescription benefit plan.**



* This process **does not apply to FEP or MED D**.
* If no paper claims information displays in the CIF, warm transfer to the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).
* 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.
* Medications administered at a Prescribers office or during Inpatient Hospital Stays are medical claims.Ask the member to refer to their medical benefits.
* If the member is requesting a copy of the letter for an already processed claim (approved or denied), refer to [Compass - Duplicate EOB Statements (057980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d6bab506-610d-42f2-a363-f36e0d32feb9).
* For other scenarios refer to [Paper Claim Index (042914)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1f72603c-4632-4e85-8d97-16cb51a3be1f).

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| Paper Claim Forms |
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* 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 regarding exceptions on Allergy Serum.
* There are no restrictions on how many prescriptions can be submitted with one claim form for the same person. Member would mail in all receipts with the one form.

Refer to table:

|  |  |
| --- | --- |
| **If Paper Claim is…** | **Then they will need to obtain...** |
| Standard | * Sample: [Prescription Reimbursement Claim (Paper Claim) Form (041941)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3941d8b-03f2-41e8-997c-8d316b606a2c). * Forms can be downloaded from Caremark.com. * If member would like claim form sent to them then refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662). |
| Multi Ingredient/Compound | * Sample: [Compound Prescription Paper Claim Form (065609)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4551aa74-d56c-4466-89ae-1d2d4ffd9366). * A fulfillment item RM task (PeopleSafe) or Member Resources Support Task (Compass) must be submitted. * Refer to submitting a Fulfillment Request via Support Task section of [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662). |

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| Necessary Documentation |
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The following documentation is necessary and should be included with the paper claims form submission.

**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, the member completes thephysician’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 will send 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 will not allow for them unless they are Medicare D. For questions, contact the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).

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| Paper Claim Submission |
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Discuss submission options with the member. Refer to [Compass Identifying Paper Claims (050034)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c281dde6-a86e-451a-8828-9f2b98c17bb9).

Timeframes for submission of a Paper Claim are Client specific. Refer to the CIF in the Paper Claim Section.

**Note:** A paper claim is not always appropriate. If a member used prescription assistance or a coupon, they are not eligible for reimbursement. Refer to [Paper Claim - Determining if Appropriate (059750)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=40fcca8d-7565-4990-9c30-1bb722d3a907).

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| Submission Addresses |
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The preferred option is to submit electronically via Caremark.com or the Caremark app. If the member needs a printed form mailed to them, refer to [Compass Identifying Paper Claims (050034)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c281dde6-a86e-451a-8828-9f2b98c17bb9).

The Paper Claim form the member may print online from their specific Caremark.com account or mailed to them for their specific plan and will contain the correct address to return the form.

**Aetna paper claims**, refer to [Aetna Compass - Researching / Submitting Paper Claims for Direct Member Reimbursement (DMR) (064166)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=27ce11fb-00ec-4abc-93a0-afb240e0862a).

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| Turn Around Time |
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**Standard Turn Around Time:**

* Allow up to 10 business days for the claim to arrive in the mail.
* Allow up to 30 days for mailed in claims to be processed.
* Digital Claims submitted online allow 14 business days 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 [Compass - Identifying Paper Claims (050034)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c281dde6-a86e-451a-8828-9f2b98c17bb9).

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| Related Documents |

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

**Parent Documents:** [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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