# Compass - Resolution of Eligibility Issues

[No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_Toc201814160)

[No Member In Session](#_Toc201814161)

[Family Type Description](#_Toc201814162)

[COBRA Coverage](#_Toc201814163)

[Troubleshooting](#_Toc201814164)

[Turn Around Time](#_Toc201814165)

[Related Documents](#_Toc201814166)

**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 [Compass MED D SilverScript - Resolution of Eligibility (063009)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3498d644-ecdb-4bb5-8b04-fe1a1fbd7ee5).
* For Blue MedicareRx (NEJE), refer to [Compass MED D - Blue MedicareRx (NEJE) - Resolution of Eligibility (066033).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9aca36ee-eaf3-4396-adf8-28b9679d56ab)

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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 Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114)

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 (refer to [Compass Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114), if needed, 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 has incorrect information.   **Notes:**   * Refer the member to their Benefits office for changes to date of birth(dob), name changes, gender, etcetera.  If the member is showing as eligible but they are **NOT** supposed to be active refer them to their Benefits Office to make the update. * Clients may contact the CVS Eligibility Center of Excellence directly at **1-800-803-1461** to update a file in real time. | | | |
| **If…** | | | **Then…** |
| Future Eligibility found (to view future or past eligibility, use the inactive **Search** filter). | | | Proceed to Step 2 after confirming there is not any current eligibility. Refer to [Compass - Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114). |
| * No ID number is available. * No eligibility record found at all for the 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. |
| 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 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 (049900)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=63d759df-26d9-47c6-a34d-6f34a742688c) 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 that 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**).   * If no account can be found but the member states that they should be active with CVS Caremark, refer to [No Member in Session](#_No_Member_In). | | | |
| **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 Compass, advise the caller that the client will need to 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 (Commercial) 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 send a Support 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 the member to benefits office for incorrect profile information.  **Examples:** DOB, spelling, gender, primary/secondary etcetera | | Send a Support Task by following the steps below:   1. Click **Create Support Task.**      1. Select as outlined below:  * Category: Commercial/Medicaid (pre-selected) * Task Type: **Member/Spouse/Dependent not on file**      1. Complete all required and applicable fields in task.   **Notes:** Put the information for all family members needing updates in the **Notes** section, then click Save.  Do not send a separate task for each person. If more than one person is not on file add any additional family member information in the Notes section.     1. Advise the caller of the estimated turnaround time:  * FEP – Two (2) business days * Non-FEP – Five (5) business days |
| Has an account under the client but is showing as not eligible  **Note:**  Does not apply to **incorrect** profile information. Refer the member to Benefits office for incorrect profile information.  **Examples:** DOB, spelling, gender, primary/secondary etcetera. | | 1. Review the **Member’s Recent Support Tasks** panel in the **Case Details Landing Page** for previous Support Task to determine if a task was already submitted for the issue. If in progress or closed, inform the member of the status/result. 2. Send a Support Task by following the steps below: 3. Click **Create Support Task.**      1. Select as outlined below:  * Category: Commercial/Medicaid (pre-selected) * Task Type: **Ineligible Member/Spouse/Dependent**      1. Complete all required and applicable fields in task.   **Note:** Put the information for all family members needing updates in the **Notes** section, then click **Save**.  Do not send a separate task for each person. If more than one person is not on file add any additional family member information in the Notes section.   1. Advise the caller of the estimated turnaround time  * FEP: Two (2) business days * Non-FEP: Five (5) business days.   **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 Team(Commercial) to 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 direction.  **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.) | | |

[Top of the Document](#_top)

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| No Member In Session |

Only create a support task outside of a member account when an account cannot be located in Compass after exhausting all search options, or if you get a CVSID error while in member record and are unable to create a support task while in that case.

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| **Step** | **Action** | |
| **1** | Conduct a [Compass - Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114) and continue if the following applies:   * No eligibility record found for member and member indicates account should be active.   **Notes:**   * Refer the member to their Benefits office for changes to date of birth(DOB), name changes, gender, etcetera. If the member is shown to be eligible but they are **NOT** supposed to be active, refer them to their Benefits Office to make the update. * Ask member Probing Questions [(Being a Power House Asking Probing Questions (010429)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6fdfb84b-6e96-4c50-997c-b8f2924958ed) to try and find an account such as:   + Is there an alternate name the account could be under?   + Is there a hyphenated name? | |
| **If…** | **Then…** |
| Account Found | Access the account and refer to Step 5 of [No Eligibility Record Found (Plan Member and/or Spouse and/or Dependent)](#_No_Eligibility_Record). |
| No Account Found | Proceed to Step 3. |
| **2** | Ask member Probing Questions [(Being a Power House Asking Probing Questions (010429)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6fdfb84b-6e96-4c50-997c-b8f2924958ed) to locate CIF. | |
| **If…** | **Then…** |
| Found and indicates Eligibility is handled by Our PBM or CIF directs to send a Support Task | Proceed to Step 4. |
| Not Found or not handled by Our PBM | Advise Member to contact their Benefits office. |
| **3** | From The Compass Search Screen, View Eligibility Support Task History:   1. Click the arrow on the right side of **Search (New UI)**.      1. Click the arrow to the right of **Recently Viewed**.      1. In the search bar, type in “Eligibility,” then click **Eligibility-No Member Found.**      1. Click the sort by **Status** arrow to bring the “New” and “In Progress” cases to the top. Search for the member’s name in the list. | |
| **If…** | **Then…** |
| Task has been created | Do not create another Support Task. Advise the member that the request is still in process and provide the turnaround time. |
| It has been 5 or more business days and the task remains open | Warm transfer the call to the Senior Team.  **Note:** Do not create another Support Task. |
| Task has been closed | Advise member of the results. |
| Task has NOT been created | Proceed to next step. |
| **4** | Follow the steps below to send a Support Task from the Compass search screen:   1. Search for the member on the Compass search screen. If no member is located, continue with the steps below. 2. Click **Support Task Actions** located on the far-right side of the screen.      1. Click **Create Support Task- No Member Found** from the drop-down menu.      1. Complete all required and applicable fields in task. 2. Select **Member/Spouse/Dependent Not on File** for “Type.”     Do not send a separate task for each person. If more than one person is not on file add any additional family member information in the Notes section.   1. Click **Save**. 2. Advise caller of turnaround times.     **Note:** Task can also be submitted if a CVSID error prevents an eligibility support task from being submitted while in an account. | |

[Top of the Document](#_top)

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| Family Type Description |

**PeopleSafe Users**: Refer to [PeopleSafe - Resolution of Eligibility Issues (004587)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad278185-117d-433f-bdc2-9327b93c1944).

 Contact the Senior Team if **Card Holder** eligibility displays in Compass and the caller asks questions specific to Dependent Coverage/Coverage Type.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Access Compass to locate the member information. | |
| **2** | Click the Eligibility button from the **Member Snapshot** tab. This displays the type of plan for the Cardholder.    **Coverage Type**   * **Family**: Coverage for all family members through the age of xx. This means that all family members are covered, whether you see them in the **View Related Members** section or not. * **Cardholder Only: No** other family members will be covered. * **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. * **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). |

[Top of the Document](#_top)

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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.

[Top of the Document](#_top)

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| Troubleshooting |

Use as needed:

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| **Situation** | **Resolution** |
| For a possible client impacting eligibility issue | Refer to [Compass - Submitting Feedback and Reporting Client Issues (062875](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=553b4e8b-aae9-4181-bef1-57e6ee3d7282)). **Do not** contact the Senior Team. |
| The member is eligible, but they are not supposed to be active | Refer the member to their Benefits office to make the update. For Cash Card accounts refer to [Compass - Drug Discount Card Program and RxSavingsPlus (062872)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8e561110-5fc0-43ed-a589-5c0904df1a10). |
| Unable to view the reject claims | Perform a [name and date of birth search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114) to look for other lines of eligibility. The IVR may have provided an inactive coverage message. |
| * One member under multiple clients or multiple carrier codes * 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 [Compass - Different Client Codes (Multiple Cardholder) (062829)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0aa53076-4645-4729-b556-85221441a444). |
| * Multiple members with same ID and Carrier Code, or one member with multiple lines of active eligibility * Member ID displays multiple cardholders sharing the same ID **and** the same carrier 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 [Compass - Same Client Code/Same ID # (Multiple Cardholders) (062788)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ca5e669f-5a25-486a-a4c9-ef6d8faced5a). |
| 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 member with the same date of birth (month and year) | Refer to [Compass - Multiple Birth Task (062774)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cef86941-5711-480f-94e8-c33d5800ba33). |
| Members seeking a Letter of Creditable Coverage | Refer the members to their Employers' HR (Human Resources) Benefit Office. |
| Delivery systems or Virtual pharmacy (located in the Mail Rx tab) is blank or listed as unknown | * If the member does not need to fill the prescriptions now, send a Support 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 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 (Commercial) to perform a possible procedural transfer.   * If the CIF has no references to reject 41/reject 13 updates, refer back to the plan. |
| Pharmacy is processing the prescription, but the system is not accepting (Refer to [￼](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=82d46ba5-e3b8-4203-b9ca-8590387f41a5).) | 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 is 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 is using the correct Member ID and person code. Refer to [Compass - Pharmacy Requesting Member ID (060419)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fbcb5b8b-3e1e-40d9-8b05-33e034b54bf8).  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 (Commercial) for a procedural transfer to have the Account Manager contacted to make the adjustment. * If our PBM handles the eligibility,  1. Create a Support Task if the member is on the phone by selecting:  * **Category:** Commercial/Medicaid (pre-selected) * **Task Type:** Ineligible Participant/Spouse/Dependent      1. **Complete all required and applicable fields.**   **Notes**: Include the steps and information that was taken to validate the member’s account, then click **Save.**   1. Advise the caller of the estimated turnaround time  * FEP: Two (2) business days * Non-FEP: Five (5) business days |
| 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 Compass 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 |

[Top of the Document](#_top)

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| Turn Around Time |

* All Eligibility Tasks have a turnaround time of up to 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.

[Top of the Document](#_top)

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| Related Documents |

[Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)

[Compass - Claims Landing Page](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c8f0ac8f-b076-4187-944d-2cf65b0ec799) [(049993](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c8f0ac8f-b076-4187-944d-2cf65b0ec799))

[Compass - Member Snapshot Landing Page](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3b8c0f76-42f3-4cf5-8dc9-6f7c6f0d67fb) [(050036)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3b8c0f76-42f3-4cf5-8dc9-6f7c6f0d67fb)

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

[Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045)

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

[Top of the Document](#_top)

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