# **Compass - Viewing the Client Financials Screen**

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**Description:** Details regarding the Client Financials screen. It displays the payment breakdown for each adjudicated (processed) prescription claim. The information on this screen can be helpful when explaining the member’s cost for the prescription and how the prescription cost was applied toward the member’s accumulators (if any).

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| **Accessing the Client Financials Screen in Compass** |

Any prescriptions from a prior PBM or other line of coverage will not be reflected in the financial details.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Access the Compass Prescription Details screen. | |
| **If accessing Prescription Details from…** | **Select…** |
| Claims Landing Page | Select the **Prescription Number** hyperlink. |
| Test Claim | Select the **Mail Mbr. Pay** **$ amount** hyperlink. |
| **2** | On the Prescription Details screen, select the **Financial Details** tab.  A screenshot of a computer  AI-generated content may be incorrect. | |

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| **Financials Details Screen Layout** |

The Client Financials screen displays the financial information for the selected prescription and is comprised of multiple sections. The information located in these sections is client specific and may vary:

1. [Member Pay](#_Member_Pay)
2. [Client Pay](#_Client_Pay)
3. [Pharmacy Pay](#_Pharmacy_Pay)
4. [Health Reimbursement Account](#_Health_Reimbursement_Account)
5. [Miscellaneous](#_Miscellaneous)
6. [Manufacturer Offset](#_Manufacturer_Offset)
7. [Med D Financials](#_Med_D_Financials)
8. Copay Modifiers – refer to [Compass - Copay Modifiers (056213)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1a96b31c-b13a-42f8-b9df-3575a93ecc6d).
9. [Accumulation Details](#_Accumulation_Details)

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**Notes:**

* + - * For information on the **View Supplemental Information,** refer to [Compass - Test Claim Features (049987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=811fb894-3107-4895-ad0e-cea9dc002b8e).
      * For information on the **COB Segment,** refer to [Compass - Transmission Details (049144).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=15a3a36d-242f-4de3-924b-d28ac690d894)  The button is dynamic and displays for applicable claims.

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| **Member Pay** |

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| **Field** | **Description** |
| **Copay** | The plan member’s co-payment (Out-of-pocket) amount based on their plan design. |
| **Initial Copay** | (Med D) Initial co-payment amount based on their plan design prior to Catastrophic coverage. |
| **Catastrophic Copay** | (Med D) Reduced copay amount paid towards prescriptions when a beneficiary has reached the individual TrOOP goal. |
| **Network Penalty** | Client Specific, refer to CIF.  **Note:** When referring to Network Penalty with your caller, refer to it as Network surcharge. |
| **Deductible** | Amount applied (if any) toward the deductible |
| **MAC/DAW Penalty**  **or**  **DAW Cost Difference** | Additional amount (as specified in the members’ prescription plan design. Refer to CIF; the member paid for having the prescription filled with a brand medication when a generic was available.  **Note:** The Cost Difference can also be in place for Maintenance Choice Incentivized/network surcharges.  **Note:** When referring to MAC/DAW Penalty with your caller, refer to it as MAC/DAW cost differences.  Refer to [Compass - DAW (Dispense as Written) Cost Difference (058127)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31e71d2c-57c0-4643-ab77-e99e3babf7d6). |
| **Non-Formulary Penalty** | Applicable Non-Formulary drug rules Copay for medications not on the formulary.  **Note:** When referring to Non-Formulary Penalty with your caller, refer to it as non-Formulary surcharge. |
| **After MAB** | Amount member is responsible for after the Max Allowable Benefit is met |
| **FSA Contribution Amount** | Amount applied to the claim from the members Flexible Spending Account (pre-payroll tax dollars set aside for health-related and medical expenses). |
| **HRA Contribution Amount** | Amount applied to the claim from the members Health Savings Account (Tax-exempt funds provided by the member’s employer) |
| **+ COB Non-Covered Amount** | The amount remaining after primary/secondary payment is applied |
| **- HRA Contribution Amt** | The funds contributed towards a paid claim from a members Health Reimbursement Account, if applicable |
| **Participant Cost** | The out-of-pocket portion of the cost of prescriptions that plan members pay through mail order or at retail locations/Total amount the member was charged for the prescription |

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| **Client Pay** |

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 Information in the Client Paysection should **not** be shared with the pharmacy. It can be shared with the member.

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| **Field** | **Description** |
| **Usual and Customary** | Amount that a pharmacist would charge a cash paying customer or non-plan member for a drug on that day |
| **Cost Submitted** | Cost of the prescription submitted by the pharmacy to adjudicate (process) the claim |
| **Cost Allowed** | Allowed cost of the prescription, as determined by the member’s prescription benefit plan |
| **Other Payer Recognized** | Amount being paid by an additional payer which is not the member or primary insurance |
| **Dispensing Fee** | Amount paid to a pharmacy for distributing each medication in addition to the ingredient cost as determined by the client contract |
| **Level of Effort Fee** | Fee charged by the pharmacy along with the ingredient costs and other charges. The fee is determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service. |
| **Administration Fee** | Fee a prescriber charges for injecting or administering a drug |
| **Performance/Service Fee** | Amount paid by the client participating in a performance network pharmacy with certain guarantees of service agreed upon contracting |
| **Sales Tax** | State and local taxes levied on the sale of prescription drugs |
| **Total** | Total amount the client paid for the prescription |

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| **Pharmacy Pay** |

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| **Field** | **Description** |
| **Usual and Customary** | Amount that a pharmacist would charge cash paying customer or non-plan member for a drug on that day. Total cost that the pharmacy submitted for this prescription fill. |
| **Cost Allowed** | Disbursement of funds to a Pharmacy for products/services delivered/rendered to a plan member under the drug pricing & reimbursement terms of the Pharmacy Network selected by the Insurer of the plan member. This line is blank for mail order. |
| **Other Payer Recognized** | Not Used by Customer care. |
| **Dispensing Fee** | Shows how much the pharmacy requests to be paid to dispense the medication. |
| **Level of Effort Fee** | Fee charged by the pharmacy along with the ingredient costs and other charges. The fee is determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service. |
| **Administration Fee** | A pharmacy’s charges for injecting or administering a drug. |
| **Performance/Service Fee** | Amount paid by the client participating in a performance network pharmacy with certain guarantees of service agreed upon contracting. |
| **Sales Tax** | State and local taxes levied on the sale of prescription drugs. |
| **Total** | The total amount the pharmacy is reimbursed for dispensing the medication through the member’s plan including the member’s copayment.  **Note:** If the pharmacy has a question on this amount, complete the following steps:   1. Access Compass and click on the hyperlink for the prescription number. 2. Click on **View Financials** (bottom of screen) then scroll down. 3. Click on **View Reimbursements**. 4. Locate Pharmacy Reimbursements. 5. Click on the “**+**” symbol to view the claim. 6. Locate the Disbursement Details and view the Total Disbursement amount. |

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| **Health Reimbursement Account** |

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| **Field** | **Description** |
| **Benefits** | Displays the amount of HRA funds applied, hyperlinked if the HRA is managed by the PBM and it has HRA dollars from multiple years |
| **Member Access Fee** | Amount of fee attached to utilizing HRA benefits for the claim |
| **Amount Used** | Displays amount of HRA funds applied |
| **HRA Remaining Balance** | Displays the amount remaining of HRA funds, hyperlinked to the member’s account balance details if managed by the PBM |

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| **Miscellaneous** |

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| **Field** | **Description** |
| **Applied to Out of Pocket** | Amount of the Rx cost that applied to the member’s out of pocket if the plan design includes one. |
| **Applied to TrOOP** | Refer to [Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606) |
| **Applied to OOPM/MOOP** | An amount paid by the member or amount not covered by the insurance, which is considered the member’s responsibility. |
| **Price Freeze Date** | Not Used by Customer Care |
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| **Manufacturer Offset** |

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| **Field** | **Description** |
| **Manufacturer Discount** | Displays dollars related to the Manufacturer Discount received for a Specialty claim due to Manufacturer copay card program. |
| **Final Adjusted DED** | Displays dollars related to Adjustment done to DED accumulation due to Manufacturer dollars applied to Specialty drug claim on account of Manufacturer copay card program. |
| **Final Adjusted OOP** | Displays dollars related to Adjustment done to OOP accumulation due to Manufacturer dollars applied to Specialty drug claim on account of Manufacturer copay card program. |
| **Final Participant Cost** | Contains <Total Participant Cost> dollars offset by <Manufacturer Paid> dollars on account of Manufacturer copay card program. |

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| **Med D Financials** |

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| **Field** | **Description** |
| **LICS Paid by Plan** | (Med D) The cost sharing reduction amounts that are applied when a LIS beneficiary fills a script at a pharmacy. |
| **Deductible Gross Cost** | Displays the amount of deductible gross cost applied to the prescription. |
| **Deductible Plan Pay** | If the plan includes a deductible this will display the amount paid by the claim adjudicating. |
| **Initial Gross Cost** | Initial amount billed by pharmacy. |
| **Initial Plan Pay** | Initial amount paid by the plan. |
| **Catastrophic Gross Cost** | Amount billed by the pharmacy before the plan pays. |
| **Catastrophic Plan Pay** | Amount the plan plays after being billed to the pharmacy. |
| **TrOOP Eligible NPP** | Net amount the plan pays for benefits beyond the standard benefit.  **Note:** NPP = Non-covered Plan Play. This is the amount the member pays when the Rx is not covered by their insurance plan. |
| **TrOOP Eligible SCSR** | Total out-of-pocket amount member will spend in a year on formulary drugs.  **Note:**  SCSR = Supplemental Cost Share Reduction. If the member has an enhanced plan, the difference between the plan’s original cost share before the enhanced plan benefit is applied will apply to the members TrOOP.  **Example:** If the member original plan cost share would be $25, but with that enhanced benefit (aka Value Based Insurance Design) the member pays $0, the $25 would count towards their TrOOP even though the member did not actually pay the $25. Hence, TrOOP Eligible SCSR. |

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| **Accumulation Details** |

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| **Field** | **Description** |
| **Deductible (DED)** | Displays the accumulation toward the Deductible based off claim selected at time of processing. |
| **Out Of Pocket (OOP)** | Displays the accumulation toward the Out-of-Pocket Maximum based off claim selected at time of processing. |
| **Maximum Allowable Benefit (MAB)** | Displays the accumulation toward the Maximum Allowable Benefit based off claim selected at time of processing. |
| **Lifetime Maximum Allowable Benefit (LMAB)** | Displays the accumulation toward the Lifetime Maximum Allowable Benefit based off claim selected at time of processing. |

**Note:** Fields will display the accumulation details based on the **claim selected at time of processing**. For plan accumulation not specific to the selected claim, refer to [Compass- Viewing Accumulations (050010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c4fb8a09-f22f-49cd-a22d-71930039f08c).

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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 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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