# Copay Mail Order Reverse and Reprocess Claim

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**Description:** Follow when a Claim Reversal and Reprocess is required.

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| Reminders |

* **Commercial Claims Only**.
  + This work instruction **does not apply** to Medicare Part D claims. To request a Med D claim be reversed and reprocessed, refer to [MED D - Claim Adjustment and Refund Requests (026596)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba37b791-b974-44e3-b8aa-0e3b561b5652).
  + This work instruction **does not apply to Aetna** claims. See the Overpayments/Alternate Insurance Paid in Error section of [Paper Claims (059668)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729) **Do not** create a task.

Reverse and Reprocess can be requested for the following situations:

* Diabetic Bundling incorrectly translated.
* Co-pays charged incorrectly but Rx was processed to the correct ID number.
* Override issues (PA was not on file at the time).
* System error occurred while translating, creating a billing issue.
* Paid Deductibles had not yet updated in system at time claim was processed.
* Available HRA funds did not apply at time claim was processed.
* COB - When the primary was not used and/or our PBM is the secondary (Does not include MED D or Aetna).
* Dual Eligibility – Member has more than one active account with the PBM.
  + We process a claim under one account when the other is desired.
  + This can result in a higher copay or non-coverage of a medication.

**Exception:** When member was previously using our PBM and now they need their claims reversed and reprocessed to their SilverScript plan, call the [MED D - Senior Team (018060)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d3ca13af-f894-45b7-b16a-f2cb777adf77) for Assistance.

* Third Party Adjudicated Accounts **can** be Reversed and Reprocessed by the PBM.
* Claims cannot be reversed from a primary account and processed on a secondary account if the secondary account is labeled as secondary by PeopleSafe. (Check Eligibility Button and CIF).
* Reverse and Reprocess task must be entered under the ID number for which the claim was processed incorrectly.
* The plan where the claim was incorrectly processed on does **not** need to be active, however the plan did have to be active at the time that the claim was processed.
* Reverse & Reprocess cannot be done if the prescription is expired.
* Reverse and Reprocess can only be performed for the same quantity and day’s supply. If the quantity and day’s supply have changed for any reason, a Reverse and Reprocess cannot be done.
* Cannot reverse and reprocess a claim that has not actually been mailed out and received by the member.
* Existing claims can NOT be reversed and reprocessed in order to add a Manufacturer Copay Card. Please refer to [Compass- Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf) for assistance to add a manufacturer copay card to a member’s account for future claims.

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| Time Limits for Reversal and Reprocess |

Before a Reverse and Reprocess can be implemented, validate that the claim in question falls within the reverse and reprocess time limits.

A Reverse and Reprocess must be requested within **90 days** of initial adjudication, except for the State of New York, which is **120 days**. If an account is termed, we can still reverse the claims.  We can only add the claims to an active line of coverage.

**Note:** If the prescription is expired, a Reverse & Reprocess cannot be done.

Refer to the table below:

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| --- | --- |
| **If request is…** | **Then…** |
| Within time frame | Proceed with the processes outlined below. |
| After time frame has passed | Advise member that the time frame for making such a request has passed and that the request will be denied.   * If member objects, follow normal escalation procedures. |

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| Order Received Under the Incorrect File |

 **Does not apply** to Medicare Part D claims. To request a Med D claim be reversed and reprocessed, refer to [MED D - Claim Adjustment and Refund Requests (026596)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba37b791-b974-44e3-b8aa-0e3b561b5652).

This is not used for Aetna claims. Refer to the Overpayments / Alternate Insurance Paid in Error section of [[Paper Claims (059668)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729)

This can occur when a member has dual eligibility and the PBM processes the Mail Service claim under a different:

* Group
* Client / carrier code
* External I.D.
* Plan / account
* Person code

Perform the following steps:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | | | | | | |
| **1** | Search and locate the order in question. | | | | | | | | | | |
| **If the order is…** | | | | | **Then…** | | | | | |
| Found | | | | | Proceed to **Step 2**. | | | | | |
| **Not** found | | | | | Proceed to **Step 3**. | | | | | |
| **2** | Review the following to determine if a copay change has occurred:  View the CIF then run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421). | | | | | | | | | | |
| **If the result of the Test Claim was…** | | | **Then…** | | | | | | | |
| The same as charged | | | Review previous orders (from the previous year) to see if the copay was different in the past. | | | | | | | |
| **If the copay in the past was…** | | | | **Then…** | | | |
| Different | | | | Advise the member that a copay change has occurred, and the claim was processed correctly. | | | |
| The same | | | | Proceed to **Step 3**. | | | |
| Different than charged | | | Proceed to **Step 3**. | | | | | | | |
| **3** | Exit the current account and return to the **Find a Member/Dependent** screen and conduct a **Name and DOB Search**.  **Note:** If the member cannot be found, ask them if they have had any recent name changes and search for a second account (active or inactive). | | | | | | | | | | |
| **If more than one account…** | **Then…** | | | | | | | | | |
| Exists | Validate the member’s eligibility on the second account by clicking on the drop-down menu in the **Member/Dependent** drop-down box. | | | | | | | | | |
| **If…** | | | **Then…** | | | | | | |
| Eligible | | | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) in order to determine if the result matches the copay the member was expecting. | | | | | | |
| **If the copay…** | | **Then…** | | | | |
| Matches | | 1. Obtain the following information from the second account:  * ID number (it could be the same ID number, or it could be different) * Group code * Client/Carrier number * Plan/Account number * Person Code  1. Return to the original account and request a [Reverse and Reprocess](#_Reversing_and_Reprocessing_a_Claim). | | | | |
| **DOES NOT match** | | Advise the member of the two different copays. | | | | |
| **If the member…** | | | | **Then…** |
| Accepts the original copay | | | | Proceed to **Step 4**. |
| Requests the copay from the second account | | | | 1. Gather the following information from the second account:  * ID number * Group code * Client/Carrier number * Plan/Account number * Person Code  1. Return to the original account and request [Reverse and Reprocess](#_Reversing_and_Reprocessing_a_Claim). |
| Insists neither copay is correct | | | | Contact the [Senior team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance. |
| **NOT Eligible** | | | Advise the member according to their current eligibility, the claim was processed correctly under the original account. | | | | | | |
| **If the member…** | | | | | **Then…** | |
| Accepts this response | | | | | Proceed to **Step 4**. | |
| Insists they should be eligible under the second account | | | | | Refer to the Eligibility guidelines found in [Real Time Resolution of Eligibility Issues (004587)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad278185-117d-433f-bdc2-9327b93c1944). | |
| **DOES NOT** Exist | Advise the member according to our records the claim was processed correctly. | | | | | | | | | |
| **If the member…** | | | | | | | **Then…** | | |
| Accepts this response | | | | | | | Proceed to **Step 4**. | | |
| Insists this is not correct | | | | | | | Contact the [Senior team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance. | | |
| **4** | Ask if there are any other benefit questions. | | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | | |
| Yes | | Address any benefit issues. | | | | | | | | |
| No | | Proceed to **Step 5**. | | | | | | | | |
| **5** | Document and close the call using the appropriate [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) verbiage and according to current policies and procedures. | | | | | | | | | | |

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| Reversing and Reprocessing a Claim |

 Third Party Adjudicated Accounts **can** be Reversed and Reprocessed by the PBM.

**Reminder:** All requests for a **Reverse and Reprocess must** fall within the allocated time limits. Refer to the[Time Limits for Reversal and Reprocess](#_Time_Limits_for_)section of this document.

Upon completion of the research listed above, the perform the following steps:

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| **Step** | **Action** | | |
| **1** | Ensure that the request for a Reverse and Reprocess is being submitted under the account where the order is located. | | |
| **2** | Click on the **Prescription number** for the order in question. | | |
| **3** | Create and send the following RM task:   * **Task Category:**  Billing/Payment * **Task Type:** Reverse and Reprocess Claim * **Queue:** Billing/Payment – Participant Services   **Note:** When opening the task; the following detail will be auto populated:   * Order Number * Prescription Number * Drug name * Fill Date for the prescription in question   **Note:** If there is more than one prescription that needs to be Reversed and Reprocessed, obtain this information for each individual prescription.  Within the task, numerous fields may or may not need to be populated depending on the situation.  The table below will assist in determining when to populate each field on the Reverse and Reprocess task. | | |
| **Field** | | **When it should be populated** |
| Reprocess under Different External Id | | Each of these items has a corresponding check box.  Review and populate **only** those fields that are different between the two accounts.  **Note:** Not all items will be necessary.  **Examples:**   * Both husband and wife work for ATT * Both are effective under each other’s account * **Group** number will be the same, but the **External ID**may be different |
| Reprocess under Different Client/Carrier | |
| Reprocess under Different Plan/Account | |
| Reprocess under Different Group | |
| Reprocess under Different Person Code | |
| Notes | | Alwayscomplete this field with the specific reason why the member is requesting a Reverse and Reprocess.  **Note:** If the member wants to have the money refunded back to their payment method, add this note in the task. |
| **4** | Advise the member of the appropriate [Resolution Time](#_Resolution_Time). | | |
| **5** | Ask if there are any other benefit questions. | | |
| **If…** | **Then…** | |
| Yes | Address any benefit issues. | |
| No | Proceed to **Step 6.** | |
| **6** | Document and close the call using the appropriate [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) verbiage according to current policies and procedures. | | |

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| Resolution Time |

Up to 72 hours

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| Related Documents |

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

[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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