# PeopleSafe - Copay Too High / MAB Exceeded – Caremark Non-Conformance CCR

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**Description:** Provides instructions for when a plan member requests to return a prescription or order alleging Caremark failed to inform them of high dollar amount.

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| Reminders |

* Notification to Caremark must be **within 30 days** from ship date, counting **ship date as Day 1**.
* If any portion of the product has been taken, then Caremark cannot issue a refund or credit.
  + We are not able to issue partial credits.
  + The product must be totally unused, or this procedure would not apply.

**Exception: AT&T** is excluded from this practice.

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| Process |

Perform the steps below: (**Exception: AT&T** is excluded from this practice).

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| **Step** | **Action** | |
| **1** | From the , click on the **Plan Summary** Tab along with reviewing the Plan Design/Client Information Form (CIF) in theSource for copays, deductibles, MABs and ancillary fees, if any. | |
| **If the…** | **Then…** |
| CCR is still unclear about why the charge was incurred | Perform a Test Claim and back date the claim to query the drug in question for copay information. |
| Copay was correct | Explain the plan design, offering explanation for brand v. generic, DAW indicators, and other pertinent information, such as the MAB. |
| Copay was incorrect | Create the following RM Task:   * **Task Category:** Billing and Payment * **Task Type:** Payment Dispute * **Queue:** Finance Northbrook * **Notes:** Include correct copay amount, and source of information (**Example:** CIF). |
| Member used part of the prescription | This procedure would not apply |
| **2** | From the screen, click on the order number containing the prescription number in question.  **Result:** Order Status screen displays. | |
| **3** | Click on the (+) button for the Rx number to expand or display its Prescription Details.  Review the following:   * Problems or Conflicts for the prescription * Comments Screen under Claim/Order in order to determine if there were notes placed by Customer Care or the Pharmacy advising the caller of the prescription or order charges. | |
| **If there are…** | **Then…** |
| Notes indicating the member or someone representing them was informed | Apologize and advise **NO** credit or return is available. |
| **NO** Notes indicating the member was informed, there is no history of the caller paying the charges previously and the caller is insistent he/she wishes to return the medication | 1. Contact the Senior Team to process Mail Tag request. 2. Document the reason for request. 3. Advise that the credit **cannot** be completed until the pharmacy is in receipt of the wholly unused prescription in question and that this type credit is **“one-time”** only, per household/mail account. |

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| Resolution Time |

Mail Tag 7 business days

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| Exceptions |

AT&T

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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 (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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