# PeopleSafe - Balance Transaction History/Payment Dispute (Home Delivery/Mail Order Claims Only)

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**Description:** Covers the process to use when a member questions a payment on their account.

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| Reminders |

This does **not apply** to situations where there is no error on behalf of the **PBM** (Pharmacy Benefit Manager) or when members are unhappy with their plan design copays. If a member chooses to escalate, reach out to the senior team, do not send tasks.

* Member is disputing the balance due amount.
* Member requests the charge for an order to be placed on another payment type (credit card, electronic check) after the order has shipped.
* Amount is not owed; adjustment is needed or Check Look up does not locate a check for the member.

 Tasks must be filled out including Check number, amount, and date written. The check must have cleared the member’s bank.

* Member needs a payment transaction report to provide to their **FSA** (Flexible Spending Account) and we are unable to request an invoice due to the order being more than 30 days old.

**This process is for Home Delivery/Mail Order claims only.** Do not submit Payment Dispute tasks for retail claims.

Under **NO** circumstance is it appropriate to list full credit card numbers or E-check routing and account numbers in any comments field. This includes but is not limited to **RM** (Resolution Manager) task comments/notes and Stop-See comments. Credit card numbers and E-check routing and account numbers may only be entered in system specified credit card number/E-check routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.



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| Process |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Select the Transaction History Screen and verify the Account Balance Amount.   * If a member is disputing the payment amount, determine the order(s) in question. | |
| **2** | Advise member of the amount owed.   * [Member is **not satisfied**](#satisfied) * [Amount is **not owed**; adjustment is needed or Check Look-up does not locate a check for the member](#owed)  * [Member requests information relating to a](#requestsinformation) **[service warranty check](#requestsinformation)**  * [Amount is](#submitpayment) **[owed](#submitpayment)**[, and member wants to](#submitpayment) **[submit a payment](#submitpayment)** * [Account debited or check paid for Rx **without** member **authorization**](#accountdebited) * [Member disputes the shipping fee when not requested](#shippingfee) * [Member requests the charge for an order to be placed on **another payment type** (credit card, electronic check) after the order has shipped](#electroniccheck) * [Member is aware that their copay is a **high copay** and provides authorization to charge their credit card for the amount](#highcopay) * [Member needs a **payment transaction report** for their records or to provide to their FSA and we are unable to request an invoice due to the order being more than 30 days old](#paymenttransaction) * [Member requests a **receipt for a payment** made to an outstanding balance](#receipt) * [Member advises their credit card or bank account has been charged and we are **unable to** **locate payment**](#bankaccount) * [Payment processed after shipment](#processedaftershipment) | |
| **If…** | **Then…** |
| Member escalates | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |
| Amount not owed; adjustment is needed, or Check Look-up does not locate a check for the member | Commercial process only-Refer to [Unapplied Payments (024619)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e75a235-2097-43a9-8ba3-90d4bb6abc44).  **MED D:**  Refer to [MED D - Claim Adjustment and Refund Requests (026596)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba37b791-b974-44e3-b8aa-0e3b561b5652). |
| Member requests information relating to a service warranty check | A service warranty check is a refund issued to the member, most often due to a claim processing incorrectly resulting in an overcharge to the member.   * Review the **CIF** (Client Information Form) for the client of the member for any notes on service warranty checks if member questions why they got the check. * If there is no information in the CIF about the check or a member insists on specific details regarding the check, contact the Senior Team to inquire about sending an **AE** (Account Executive) Task.   **Note:** Include information in the notes section that the member is requesting information relating to a service warranty check. Provide any details that will assist with the member’s request.  **Turn Around Time:**Refer to [Compass and PeopleSafe - General Resolution Times/Turn Around Times (TAT) and Related Documents (028775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=863acba1-4370-4da9-9f6b-4cadf8633fbf). |
| Amount owed, and member wants to submit a payment | Refer to [Balance - Mail or Make Payment (010988)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bb2539c7-166b-4d62-a300-adf608e505ce). No follow-up process required.  **Note:** If the member plans to mail in their payment, advise them to include their ID number on all checks and correspondence submitted. |
| Account debited or check paid for **Rx** (Prescription) without member authorization | Send Payment Dispute task. Place the following notes accordingly.   * Method of payment (E-checking/e-savings account or Credit Card) was not authorized to be used.   Member did not authorize the transaction to be debited from their method of payment < >, for Rx/order < >. Please refund < > and place balance back on the PBM account.   * Check/money order not used for the correct Rx/order.   Member did not authorize check < > to be used for Rx/order < >. Please credit PBM account and place balance back on the PBM account.  Refer to [PeopleSafe - Refund (010221)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89febb33-693a-4e14-9e2c-f13c4935ce26) for additional instructions. |
| Member disputes the shipping fee when not requested | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  **Senior Team Only:** Refer to [Senior Team - Credit, Mail Tag, Call Pull, Billing, and Payment Index (055127)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1a0d8a0c-047a-49c3-9c29-519a18e1161e) |
| Member requests the charge for an order to be placed on another payment type (credit card, electronic check) after the order has shipped | Create an RM task, Billing and Payment Dispute.   * **Task Category:**  Billing/Payment * **Task Type:**  Payment Dispute * **Queue:**  Finance – Northbrook * **Notes:** Include the payment confirmation number in the task and request the member be mailed a billing statement showing the recent payment. Ensure to note which payment method this department should use (instead of the one that was used).   Do not remove the original form of payment from the member’s profile. The member will need to call us back and have that payment method removed once the original payment has been reversed out. |
| Member is aware that their copay is a high copay and provides authorization to charge their credit card for the amount | If the order is in Payment Exception, release the order. Refer to [Manage Resolve Diverts Immediate Release Of Orders (117593)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e655c92e-f73e-4069-a5d5-2804e4278124). |
| Member needs a payment transaction report for their records or to provide to their FSA and we are unable to request an invoice due to the order being more than 30 days old | Create an RM task, Billing and Payment Dispute.   * **Task Category:**  Billing/Payment * **Task Type:**  Payment Dispute * **Queue:**  Finance – Northbrook * **Notes:** Please send the member atransaction history report from <date> to <date>.   **Note:** All requests must be mailed to the default address on file. Requests to be mailed to a different address, other than the default address, or to an Authorized party must be submitted in writing by the member themselves or their designated Power of Attorney (**POA**). |
| Member requests a receipt for a payment made to an outstanding balance | * Provide the confirmation number associated with the payment only if requested. * Advise the member that the payment will display on their bank/credit card statement, and that they can also verify their account balance at the Member Web Portal.   + If the member is not satisfied, send the following task:     - **Task Category:**  Billing/Payment     - **Task Type:**  Payment Dispute     - **Queue:**  Finance - Northbrook     - **Notes:** Include the payment confirmation number in the task and request the member be mailed a billing statement showing the recent payment. |
| Member advises their credit card or bank account has been charged and we are unable to locate payment | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |
| Payment processed after shipment | When a card is not able to be processed at the time the order is placed, it will then charge the “Default” credit card the following business day. These charges will occur every business day, Monday through Friday. The process will only run for account balances totaling $100 or under.    The following comment will be placed in the comments section of the member’s account: Collections Team…credit card on file for automatic charge <default box checked> has been processed for the open past due balance of <$ amount>. |
| **3** | For the member requesting a callback, follow the procedure for [Participant (Member) Callback Request (010590)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1deb6339-c28a-4591-bb3c-c244a0c0fcdf).   * In the callback task, indicate the member requested the callback. | |

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| Exceptions |

**Future Fill Orders**

* If the order is in future fill, the member will be charged when the order is shipped.

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| **Returned to Member (RTP)** | |
| **If…** | **Then the member…** |
| Entire order is returned unfilled | Receives a check for the full amount of the RTP order. |
| Only part of the order was RTP, and a check was used to pay for the order | Receives credit on the account for any cost not applied to that order. |
| Part of the order was RTP and a credit card, electronic check was used to pay for that order | Charged for the prescriptions that were filled and shipped. |

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| Credits on Account |

If the member has a credit on their account and requests that the credit be transferred to another account, open the following task:

• **Task Category:**  Billing/Payment

• **Task Type:**  Payment Dispute

• **Queue:** Finance – Northbrook

* **Notes:** Include details as to why the request to transfer credit.

**Example:** Termed account to new account.

 Old and new accounts must be with Caremark Home Delivery/Mail Order.

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| Overdraft Fees |

**Note:** If the check is returned for insufficient funds there is a $25 “Service Fee”, refer to [Returned Checks NSF Check Copies (024375)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81e02f8c-463a-4b7e-9600-6667a90c6569).

Refer to as needed:

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| **If…** | **Then…** |
| Member disputing overdraft fee caused due to our Home Delivery/mail order pharmacy error | Member will need to send clear copies of the entire month's bank statement.  Include the following information:   * ID Number * Name * Address and any relevant information to the error (Order Number, Prescription Number, etcetera)   Fax to:  CVS Health  Attn PMT Disputes  Fax: 480-860-3508  Or  Mail to:  CVS Health  3100 Sanders Road  Attn PMT Disputes  Northbrook, IL, 60062 |

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| Scenario Guide |

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| **If...** | **Then...** |
| Member’s dispute is regarding a diabetic kit that did not process correctly, and all the prescriptions were filled on the same date or if the order was billed under the incorrect ID # | Refer to the [Copay - Mail Order Reverse and Reprocess Claim (021894)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5d4876c1-e43f-41d8-ba45-0e4a72aee882) for doing a reverse and reprocess of claim. |
| Member is disputing the copay due to our filling a 30-day supply (and being charged for a 90-day supply) or the member was expecting generic copay for a branded generic | Do not send a task.  **Note:** Dispute task should only be submitted if there is a verifiable PBM error.  Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance if needed.  Do not send for “courtesy copay” adjustment requests. |
| After completing test claims, and verifying with the senior team that the co-pay did not process according to the plan design | Do not send a dispute task.  Send an **AE Consideration** Task.  **Note:** This does not apply to members who are unhappy with their co-pays. |

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| Resolution Time |

Up tothree (3) business days

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| Related Documents |

[Log Activity/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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