# Compass - Mail Order Payment History/Payment Dispute Support Task (Mail Order Claims Only)

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**Description:** Process to use when a member questions a payment on their account and how to submit a Payment Dispute Support Task.

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| Reminders |

This process **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.

This process **does apply** when:

* 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.

Task 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.

Under **NO** circumstance is it appropriate to list full credit card numbers or **E-check** (Electronic 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. 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 |

**This process is for Mail Order claims only.** Do not submit Payment Dispute tasks for Retail claims.

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| **Step** | **Action** |
| **1** | From the **Quick Actions** panel on the Claims Landing Page, click the **Current Balance** hyperlink.    **Result:** The Mail Order Payment History screen displays. |
| **2** | Verify the **Current Balance** and advise member of the amount owed.   * If the member is disputing the **Current Balance** amount, locate the **Transaction** in question from the list and select the Row Level Action **Payment Dispute** or click the **Payment Dispute** button, then proceed to the next step.   **Result:** The Payment Dispute popup displays.    When selecting the **Row Level Action** “Payment Dispute,” click the Row Level Action drop-down arrow on the line with the Payment Confirmation number associated with the payment information.  **Note:** The system will only allow for a single transaction to be selected at a time. |
| **3** | Click the **Reason for Payment Dispute** dropdown and select the appropriate payment dispute type, then click **Continue**.  **Payment Dispute Button**    **Payment Dispute Row Level Actions drop-down**    **Result:** The Support Task tab appears.  **Notes:**   * System is intuitive and will guide the agent. **For assistance**, refer to the [Scenario Guide](#_Scenario_Guide_-) below. * To exit the Payment Dispute, click **Cancel**. |
| **4** | Complete required fields and add any additional notes associated with the dispute, then click **Save**.  **Result:** The Payment Dispute Support Task is submitted. |

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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 Cancelled order. |
| Only part of the order was Cancelled, and a check was used to pay for the order | Receives a credit on the account for any cost not applied to that order. |
| Part of the order was Cancelled 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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| Overdraft Fees |

**Note:** If the check is returned for insufficient funds there is a $25 “Service Fee”, refer to [Returned Checks NSF Check Copies (056290)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81e02f8c-463a-4b7e-9600-6667a90c6569).

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| **If…** | **Then…** |
| Member disputing overdraft fee due to our 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 - Payment Disputes |

If the member is calling regarding a Mail Order copay dispute, refer to the scenarios below as appropriate:

[Call is escalated](#_Toc145924096)

[Payment processed after shipment](#_Toc145924097)

[Member trying to refund a credit card never used on the account](#_Toc145924098)

[Member requests information relating to a service warranty check](#_Toc145924099)

[Member has a credit on their account and requests that the credit be transferred to another account](#_Toc145924100)

[Amount is not owed; adjustment is needed, or Check Look-up does not locate a check for the member](#_Toc145924101)

[Member disputes the shipping fee when not requested](#_Toc145924102)

[Member requests the charge to be placed on different payment method (credit card, electronic check) after the order has shipped](#_Toc145924103)

[Member’s dispute is regarding a diabetic kit that did not process correctly, andall the prescriptions were filled on the same date or if the order was billed under the incorrect ID #](#_Toc145924104)

[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](#_Toc145924105)

[After completing test claims, and verifying with the senior team that the co-pay did not process according to the plan design](#_Toc145924106)

[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](#_Toc145924107)

[Member requests a receipt for a payment made to an outstanding balance](#_Toc145924108)

[Account debited or check paid for Rx without member authorization](#_Toc145924109)

[Member is aware that their copay is a high copay and provides authorization to charge their credit card for the amount](#_Toc145924110)

[Member advises their credit card or bank account has been charged and we are unable to locate payment](#_Toc145924111)

[Member disputing overdraft fee caused due to our Mail Order Pharmacy error](#_Toc145924112)

[Paper Check or Money order has not posted to member account](#_Toc145924113)

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| **#** | **Scenario…** | **Action…** |
| **1** | Call is escalated | Contact the Senior Team for assistance as appropriate. |
| **2** | 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 $100 or under.    The following comment will be as an Order Alert on the member’s account: Collections Team…credit card on file for automatic charge <default box checked> has been processed for the open past due balance of <$ amount>. |
| **3** | Member trying to refund a credit card never used on the account | 1. From the **Reason for Payment Dispute** dropdown, select “Member requesting a refund be sent to a credit card never used on the account.” 2. From the **New Payment Method** dropdown that appears, select the different payment method. 3. Click **Continue** to proceed with the Support Task.      1. Complete required fields in the Support Task. 2. Click **Save** to submit the Support Task.   **Note:**  To exit the Payment Dispute, click **Cancel**. |
| **4** | 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 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 member insists on specific details regarding the check, contact the Senior Team to inquire about sending an **AE** (Account Executive) Support 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. |
| **5** | Member has a credit on their account and requests that the credit be transferred to another account | Old and new accounts have to be with Caremark Mail Order.   1. Click the **Payment Dispute** button. 2. Select “**Member requesting credit balance to be transferred to another account**” from the Reason for Payment Disputedropdown. 3. Click **Continue** to proceed with the Support Task.      1. Complete required fields in the Support Task, including Notes that indicate why the request to transfer credit and the amount of credit.   **Example:** “Transfer $100 credit from termed account to new account.”   1. Click **Save** to submit the Support Task.   **Notes:**   * If the old account needs to be accessed to retrieve the information needed for the Support Task, when entering the old account, mark it as a Research case. * To exit the Payment Dispute, click **Cancel**. |
| **6** | Amount is not owed; adjustment is needed, or Check Look-up does not locate a check for the member | Refer to [Compass - Payment - Finding (Locate) a Payment and Unapplied Payments (056290)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=70c94821-78b7-4cc3-9070-ffc252362be7).  **Note:**  Commercial process only. For 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). |
| **7** | Member disputes the shipping fee when not requested | Contact the Senior Team. |
| **8** | Member requests the charge to be placed on different payment method (credit card, electronic check) after the order has shipped | 1. From the Mail Order Payment History screen, select the Row Level Action **Payment Dispute** for the affected transaction. 2. Select “**Member requesting charge to be placed on different payment method**” from the Reason for Payment Disputedropdown. 3. From the **New Payment Method** dropdown that appears, select the different payment method. 4. Click **Continue** to proceed with the Support Task.      1. Complete required fields in the Support Task, include in the Notes:    1. Payment confirmation number.    2. Which payment method should be used.    3. Request that the member be mailed a billing statement showing the recent payment. 2. Click **Save** to submit the Support Task.   **Notes:**   * The Support Task will automatically be marked Priority as Escalated.   Do not remove the original form of payment from the member’s profile. Once the original payment has been reversed out, Member can call back to remove payment method.   * To exit the Payment Dispute, click **Cancel**. |
| **9** | Member’s dispute is regarding a diabetic kit that did not process correctly, andall the prescriptions were filled on the same date or if the order was billed under the incorrect ID Number | Refer to [Compass - Copay Mail Order Reverse and Reprocess Claim (058123)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf4c270a-9562-4abf-9cea-dd6ee5f1293c) for the process to reverse and reprocess the claim. |
| **10** | 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 Payment Dispute Support Task.    A Payment Dispute Support Task should only be submitted if there is a verifiable PBM error. Refer to [Compass - Courtesy Retranslation Support Task (Bulk Up, Downsizing an Rx, and Variable Fill Requests) (058179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a11f9225-37ee-4af0-83bf-7d492b2006cf) for further guidance.    Contact the Senior Team for further assistance if needed.     Do not send for “courtesy copay” adjustment requests. |
| **11** | 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 Payment Dispute Support Task.  Contact the Senior Team for assistance if needed.  **Note:**  This does not apply to members who are unhappy with their co-pays. |
| **12** | 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 | 1. Click the **Payment Dispute** button. 2. Select “**Member requesting payment transaction for their records or to provide to their FSA**” from the Reason for Payment Disputedropdown. 3. From the **Start Date** and **End Date** fields that appear, select the data range for the transaction report. 4. Click **Continue** to proceed with the Support Task.      1. Complete all required fields in the Support Task, include in the **Notes:** “Please send the member a transaction history report from <date> to <date>.” 2. Click **Save** to submit the Support Task.   **Notes:**   * 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**). * To exit the Payment Dispute, click **Cancel**. |
| **13** | Member requests a receipt for a payment made to an outstanding balance  **Note:** Receipts can only be requested within 30 days of the original payment date. | 1. Advise the member that the payment is displayed 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 and still insists on a receipt, proceed to the next step. 2. From the Mail Order Payment History screen, select the Row Level Action **Payment Dispute** for the applicable transaction. 3. Select “**Member requesting receipt for payment made to outstanding balance**” from the Reason for Payment Disputedropdown. 4. Click **Continue** to proceed with the Support Task.      1. Complete all required fields in the Support Task, then click **Save** to submit the Support Task.   Compass will auto populate the Notes field as follows: “Please send the member a billing statement showing the recent payment for Confirmation# <Confirmation# from the Mail Order Payment History screen>.”  **Notes:**   * Provide the confirmation number associated with the payment only if requested. * To exit the Payment Dispute, click **Cancel**. |
| **14** | Account debited or check paid for **Rx** (Prescription) without member authorization | Method of payment E-check, Credit Card, or check/money order was not used for the correct Rx/order, was not authorized to be used, etcetera.   1. From the Mail Order Payment History screen, select the Row Level Action **Payment Dispute** for the affected transaction. 2. Select “**Account debited, or check paid for Rx without member authorization**” from the Reason for Payment Disputedropdown. 3. Click **Continue** to proceed with the Support Task.      1. Complete required fields, include in the **Notes:** “Member did not authorize the transaction to be debited from their account for the following order. Please refund the following amount and place balance back on the PBM account.” 2. Click **Save** to submit the Support Task.     **Note:** To exit the Payment Dispute, click **Cancel**. |
| **15** | 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 [Compass - Manage Diverts / Conflicts (Release Order) (056291)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d4ef5860-ef38-4ae9-afd8-a4cb0d1f12e6). |
| **16** | Member advises their credit card or bank account has been charged and we are unable to locate payment | Contact the Senior Team. |
| **17** | Member disputing overdraft fee caused due to our Mail Order Pharmacy error | The member needs 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 |
| **18** | Paper Check or Money order has not posted to member account | 1. For assistance locating a payment on the member’s account, refer to [Compass - Payment - Finding (Locate) a Payment and Unapplied Payments (056290)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70c94821-78b7-4cc3-9070-ffc252362be7). 2. Click the **Payment Dispute** button. 3. Select “**Paper Check or Money Order has not posted to members account**” from the Reason for Payment Disputedropdown. 4. Click **Continue** to proceed with the Support Task.      1. Complete required fields in the Support Task and add any necessary notes. 2. Click **Save** to submit the Support Task.   **Note:** To exit the Payment Dispute, click **Cancel.** |

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| Resolution Time |

Up tothree (3) business days

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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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