Defense Health Agency
Uniform Business Office

Rx Billing
Express Scripts/CVS Caremark/Aetna Rx

24 March 2020 0730 – 0830 PDT
26 March 2020 1300 – 1400 PDT

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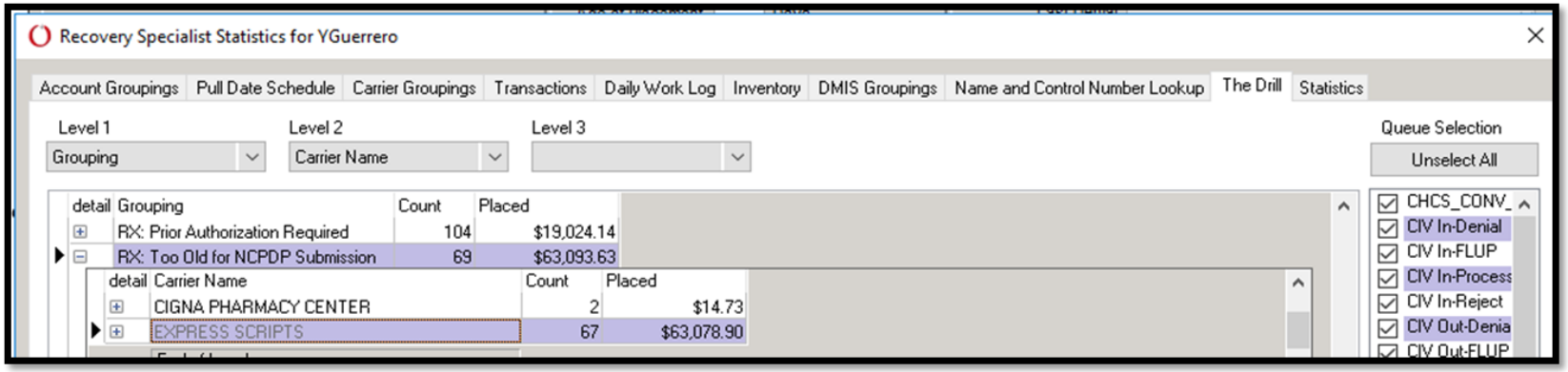
Agenda

- Express Scripts
  - “Too Old for NCPDP Submission” Rejection
  - Rejection resolution
  - Online Assistance
- CVS Caremark and Aetna RX
  - Compared Collections
  - Setting up a Master Carrier in ABACUS
  - Available reporting & tracking tools
  - Error code explanation
  - Online payer access

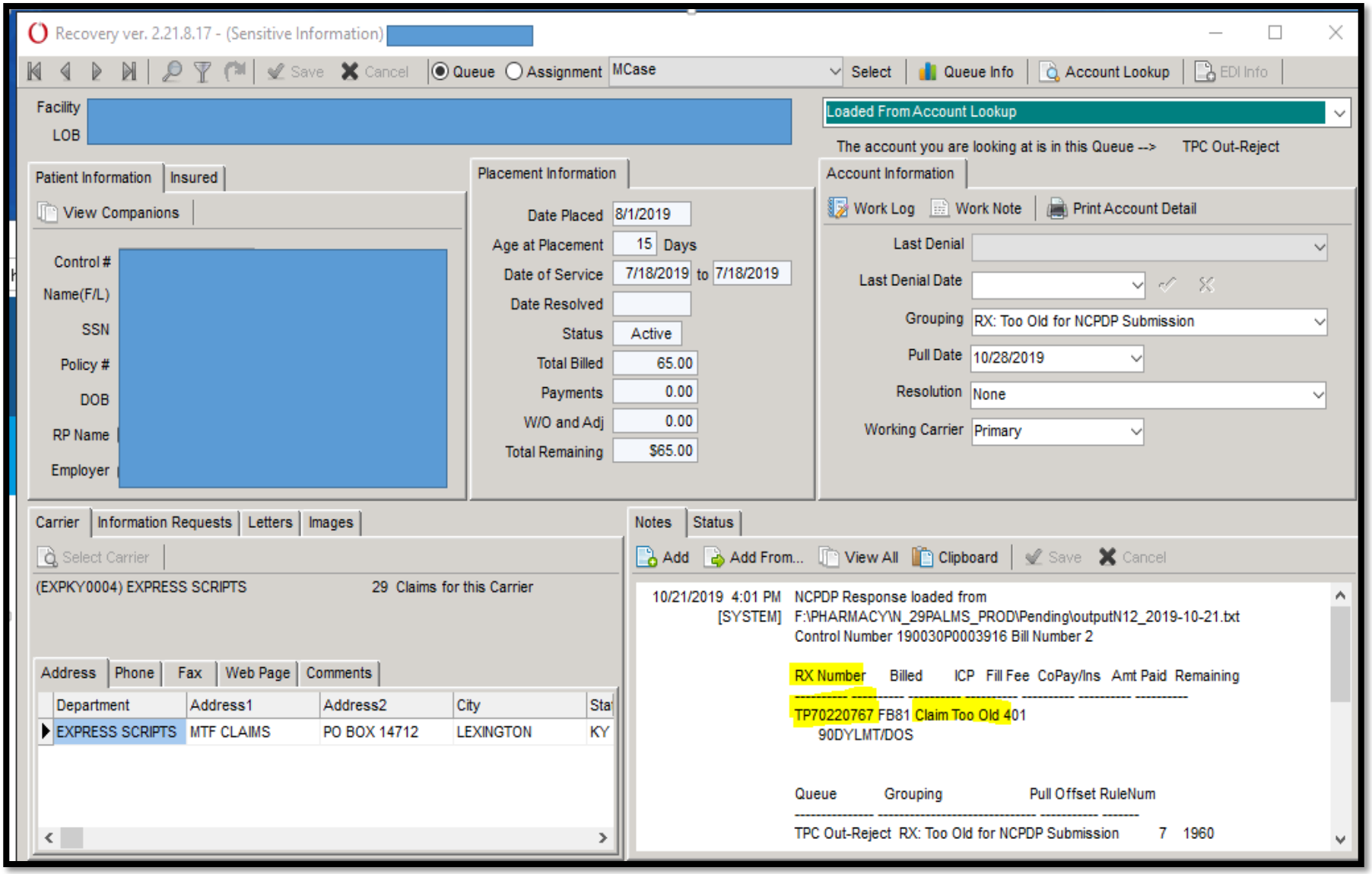
- NCPDP Error: "*Too Old for NCPDP Submission*"
- Identify Error
  - ABACUS Custom Tool – Open Claims for Pharmacy Analysis
    - Filter to "Grouping Code"

ADMIT_DATE	GROUPING_CODE	CARRIER	CONTROL_NUMBER	TOTAL_BILLED
7/18/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0003916	$ 65.00
8/1/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0003953	$ 1,693.50
1/14/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004677	$ 729.20
4/3/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004678	$ 744.50
6/11/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004679	$ 744.50
4/4/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004747	$ 572.32
4/11/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004748	$ 551.00
6/17/2019	RX: Too Old for NCPDP Submission	EXPRESS SCRIPTS	190030P0004749	$ 572.32

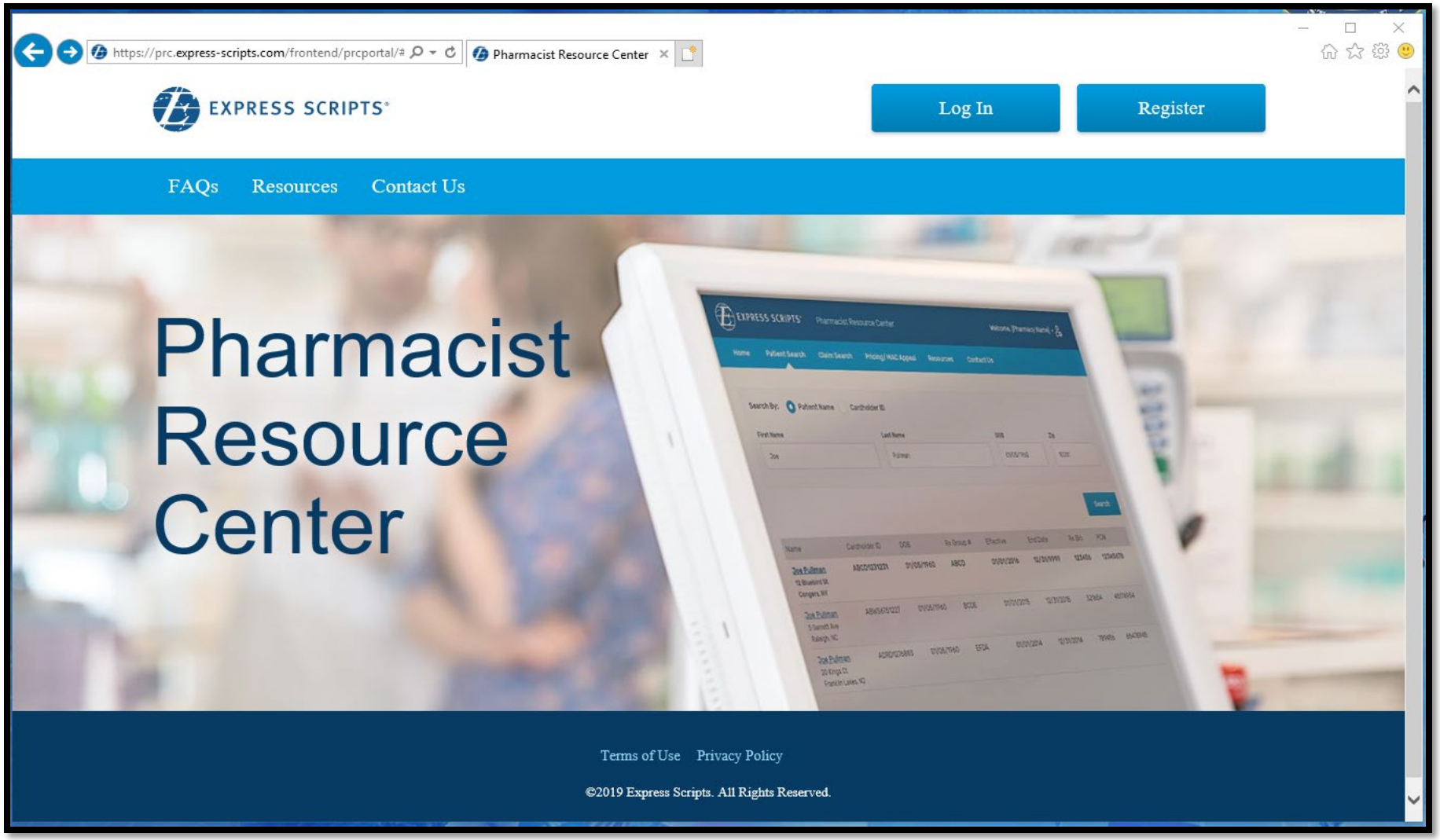
- Recovery – Queue Info - The Drill (Recommended)



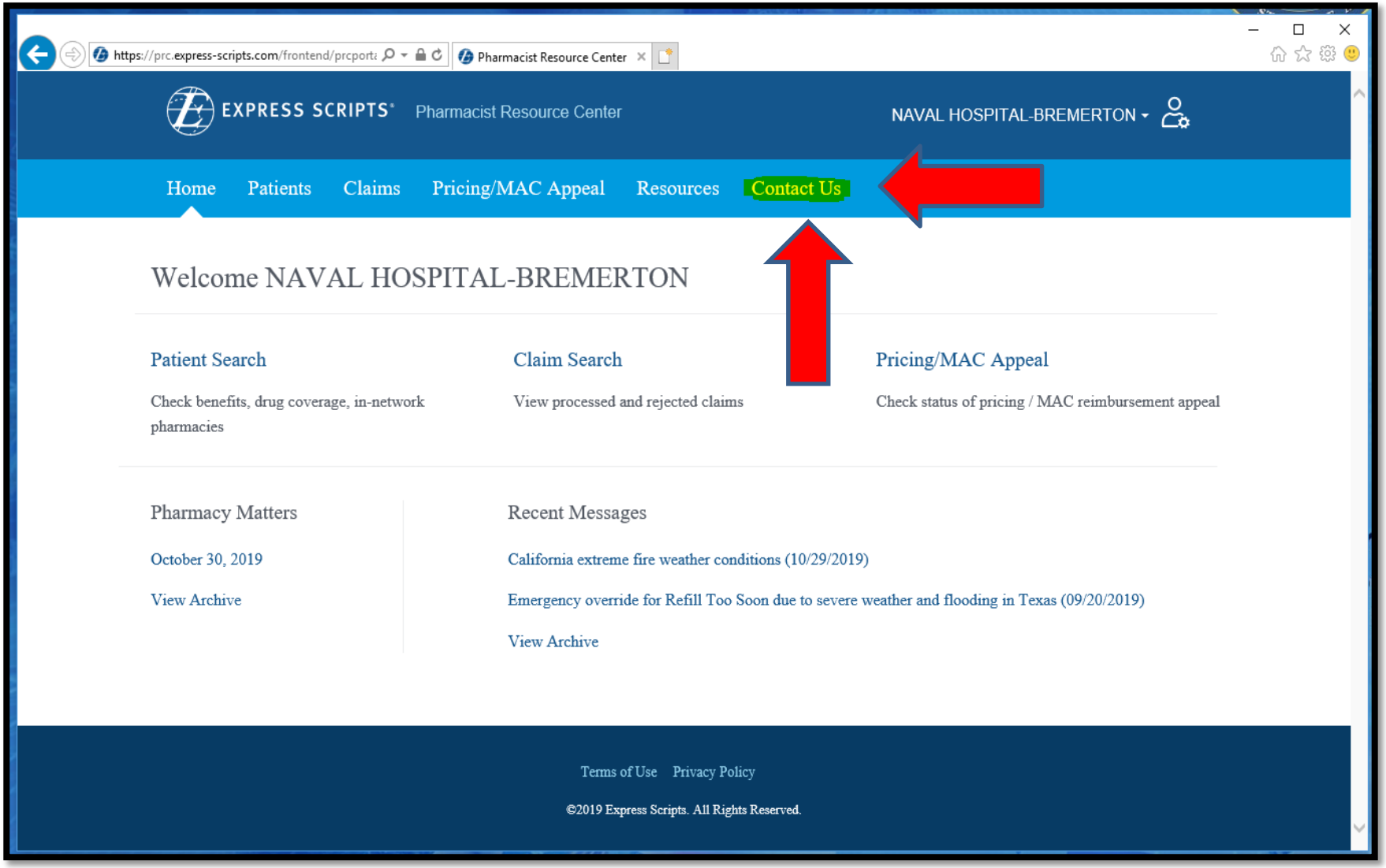
NCPDP Error Example



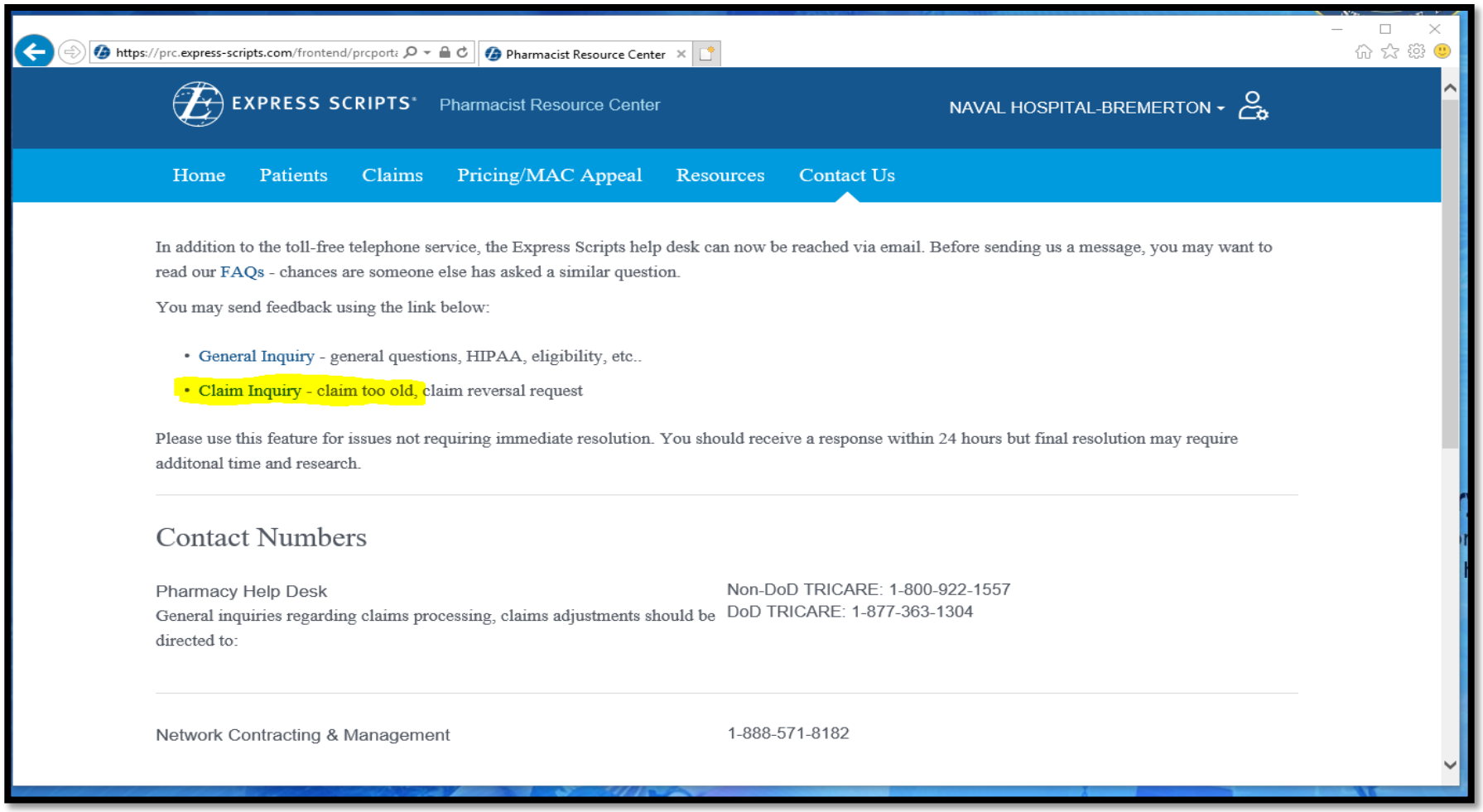
Step 1: Log into express–scripts.com



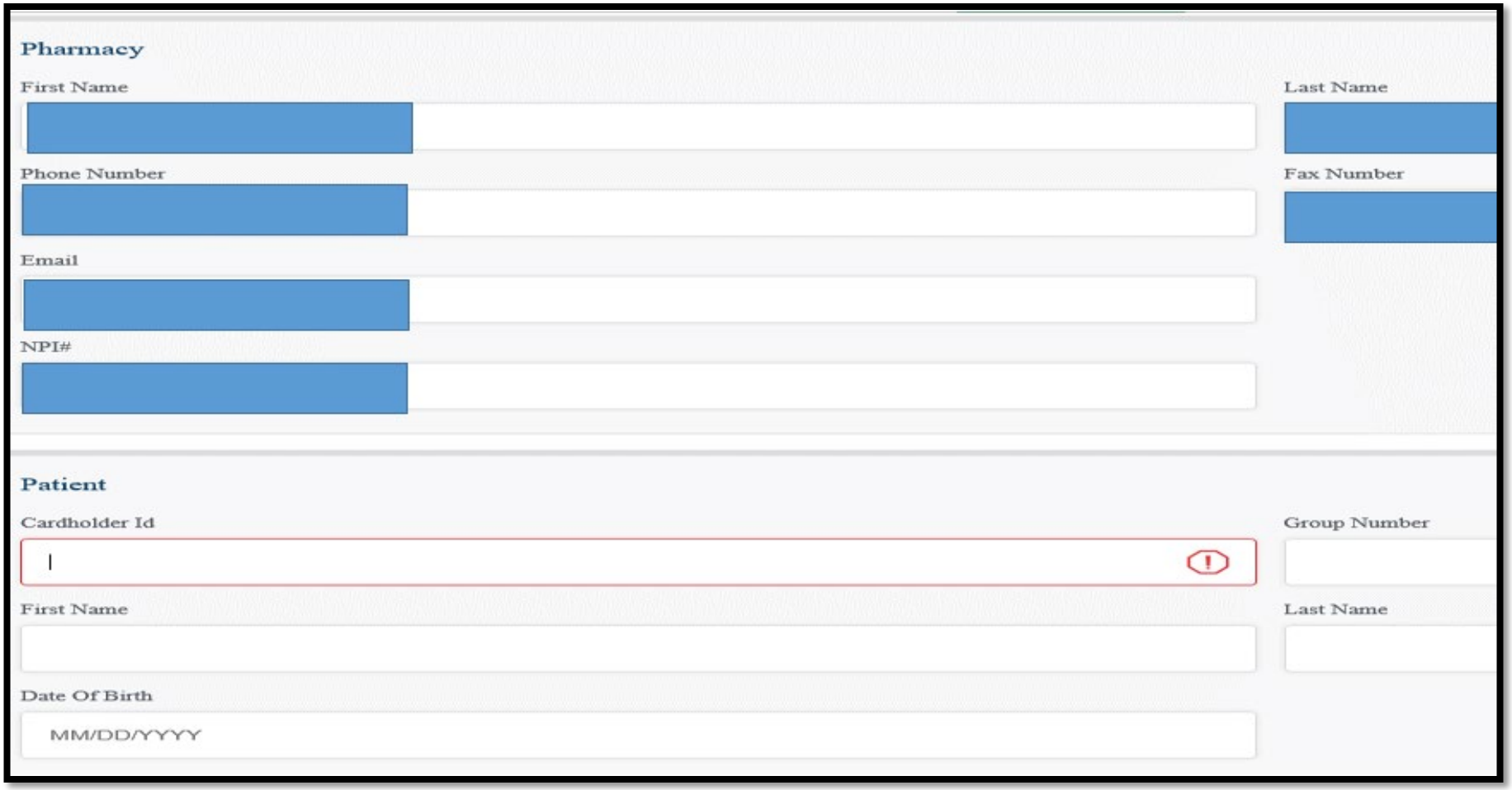
Step 2: Select “Contact Us”



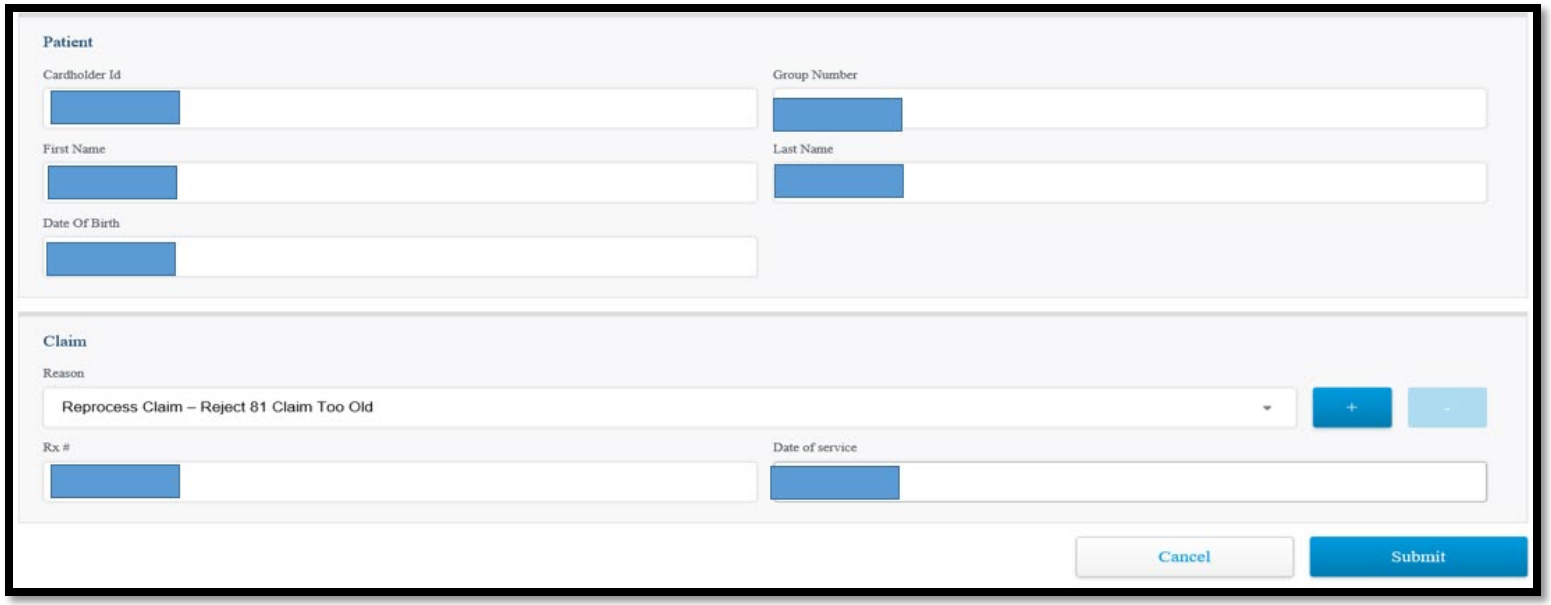
Step 3: Select "Claim Inquiry - claim too old, claim reversal request"

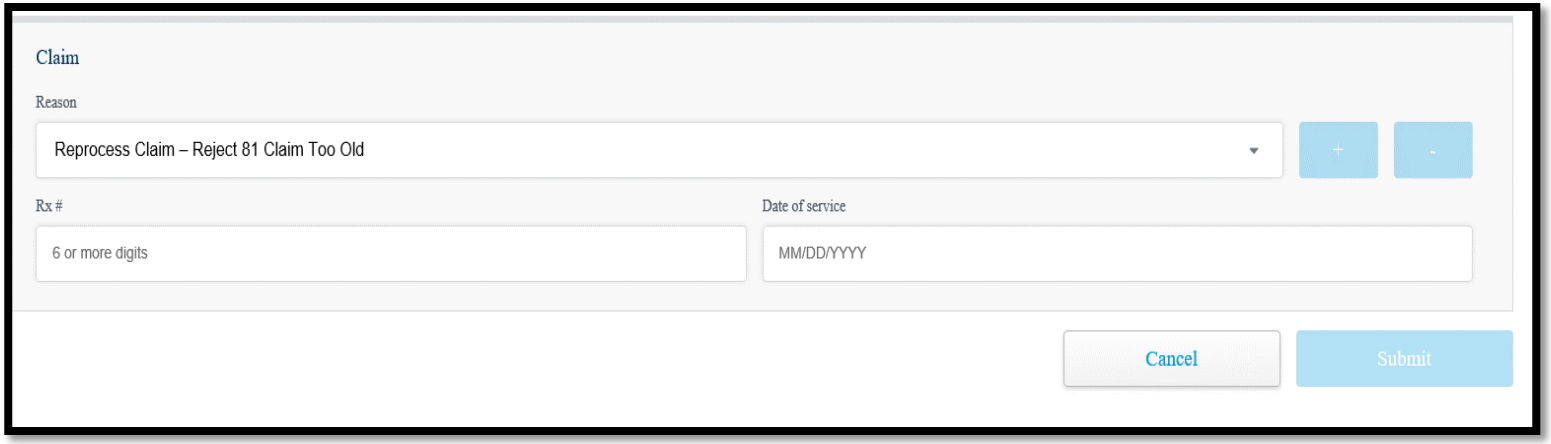


Step 4: Complete Claim Inquiry – Pharmacy information automatically populates

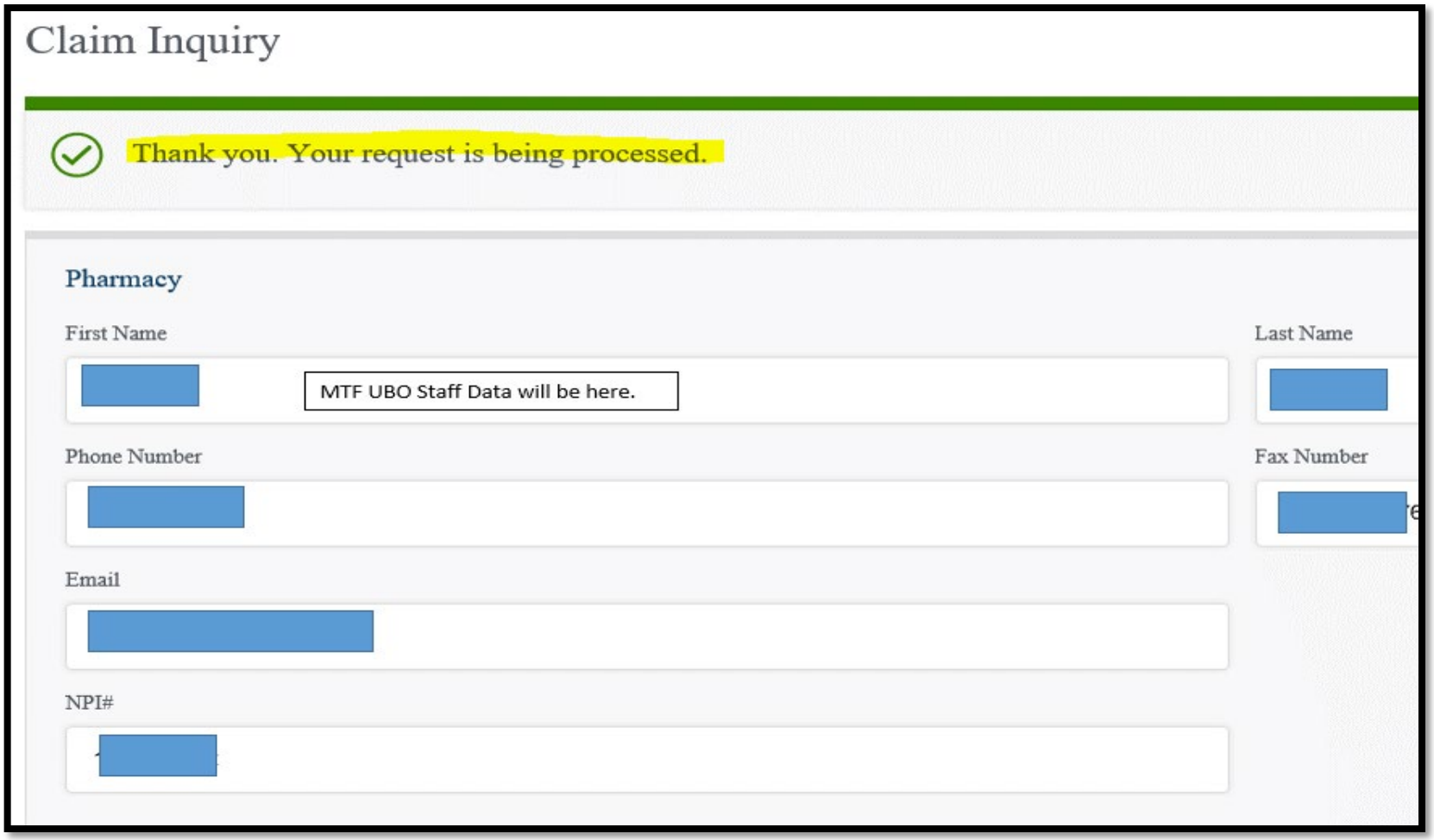


Step 5: Complete form and Submit





Step 6: Receive message “Thank you. Your request is being processed.”



- Response from Express Scripts
  - Automated Email:

"Your request for Claim Too Old processing has been received and may take up to 72 hours to process. Upon resolution, you will be notified by fax."

  - Fax received from Express Scripts

- Online
  - https://www.express-scripts.com/medco/prc/mainframe.jsp
  - New on-line account – Call: 800-922-1557
  - 1- Retail * Pharmacist * Have RX NPI * State assistance with "ACCOUNT SET-UP" (Do not have RX within 2 days – NOT MTF)
  - Need: Rx NPI * User Name * Email * Phone Number

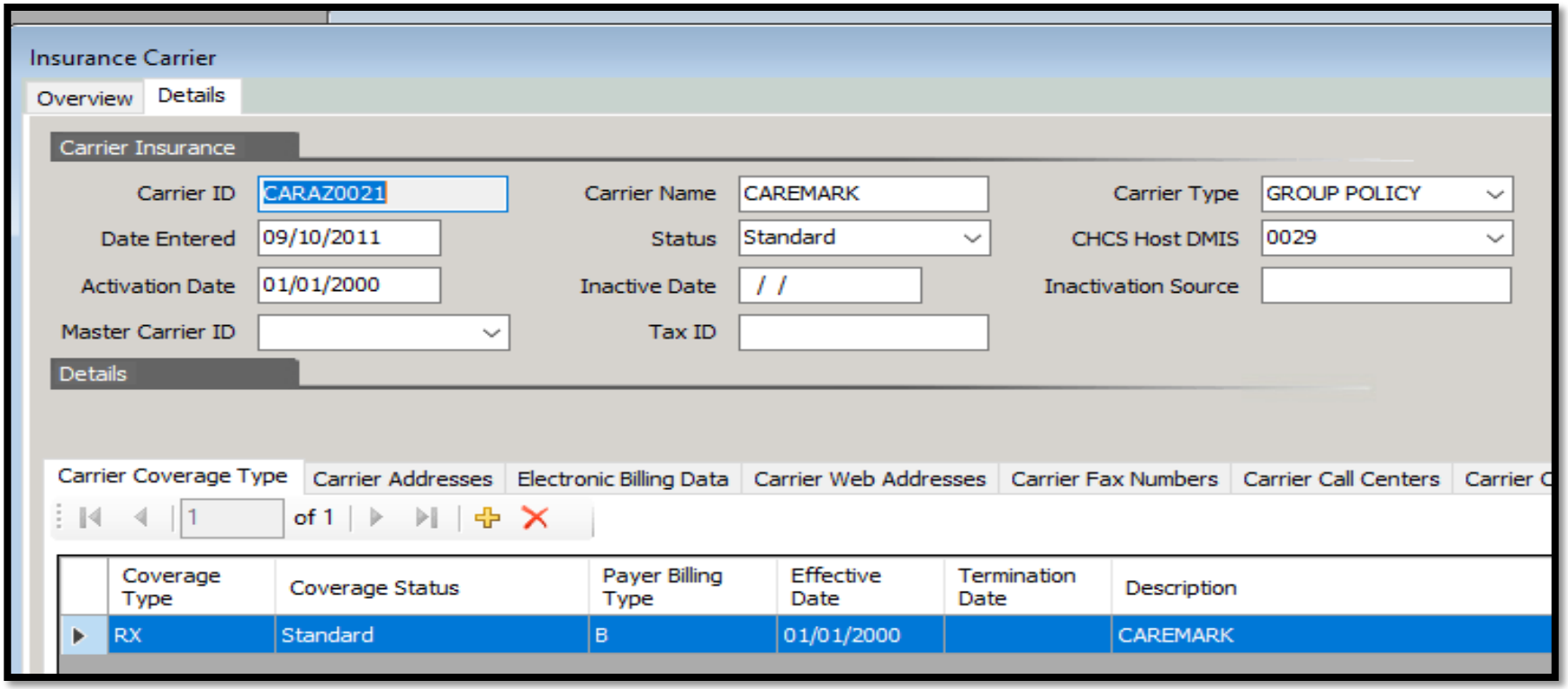
- EFT and Electronic EOB 835 Forms:
  - Each MTF should have this done within 30 days.
  - https://www.esiprovider.com EFT set-up 22May19
    - EFT Test acknowledgement requests to Remittance@Express-Scripts.com

- Compared Collections from FY17-18 to FY19-20
  - Expected to increase throughout FY20

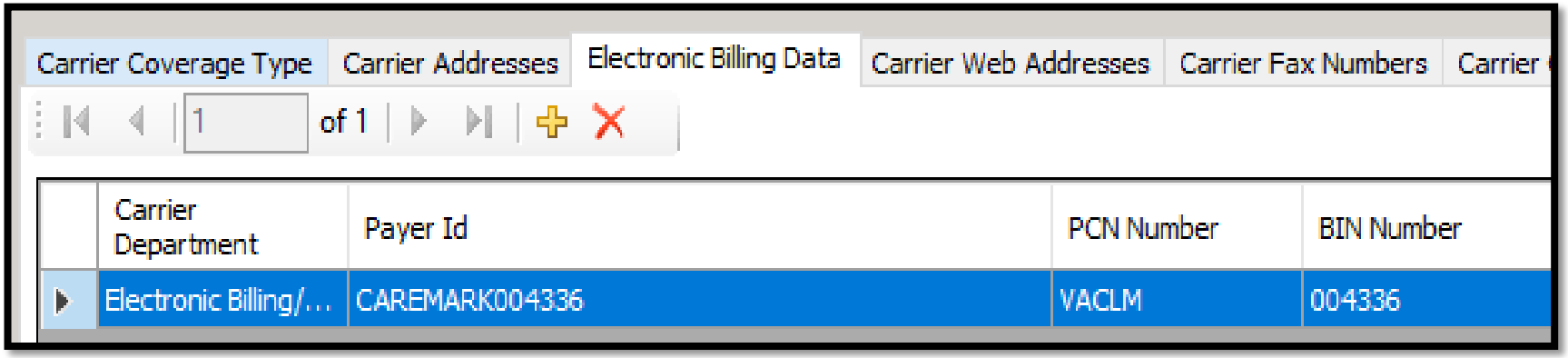
Caremark/AetnaRX * PAID by Date of Transaction

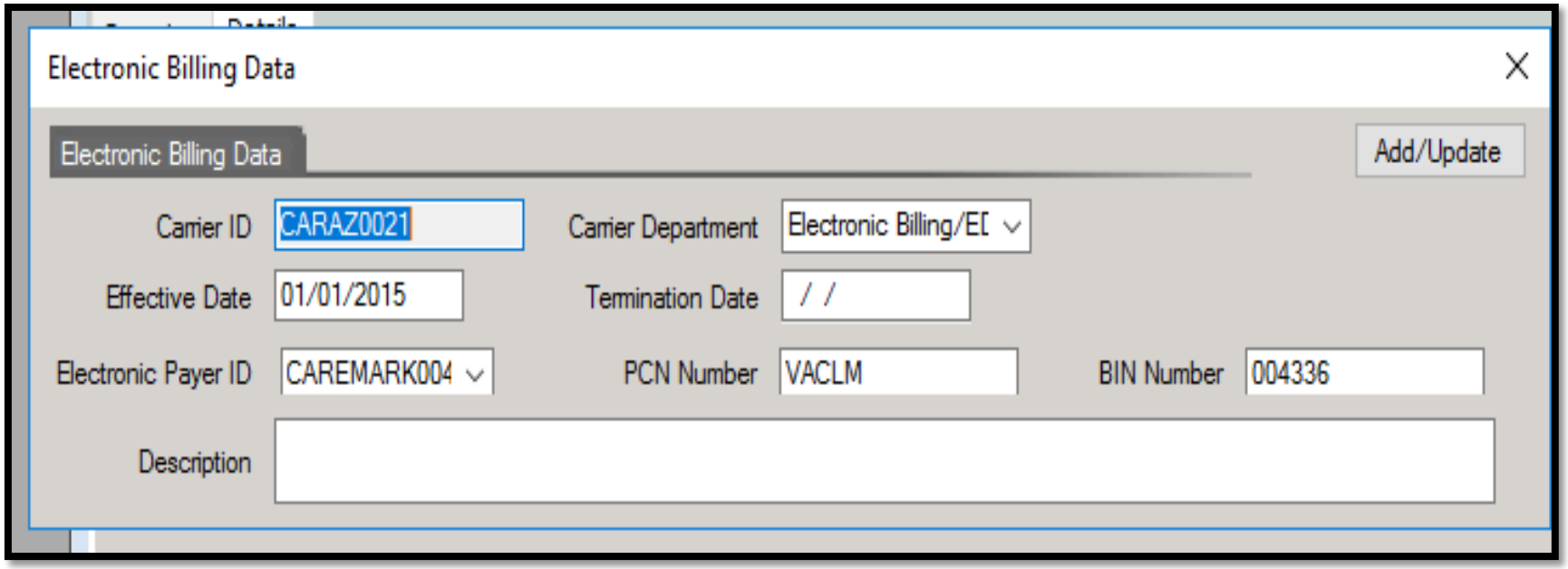
	Collections Over $100K	FY17-18 (24 Months)	FY19-20 (15 Months)	Increase $$
1	NH Bremerton Washington	$ 102,877	$ 147,754	30%
4	NH Pearl Harbor Hawaii	$ 651,385	$ 711,626	8%
8	NH San Diego California	$ 176,075	$ 198,424	11%

- CVS Caremark Master HIC:
  - Set-Up for DoD Electronic Billing (Excluding Medicare D – Not TPC)
  - HIC ID CARAZ0021 BIN (004336) PCN (VACLM) for CVS Caremark
    - **DO NOT SEND PAPER!!**

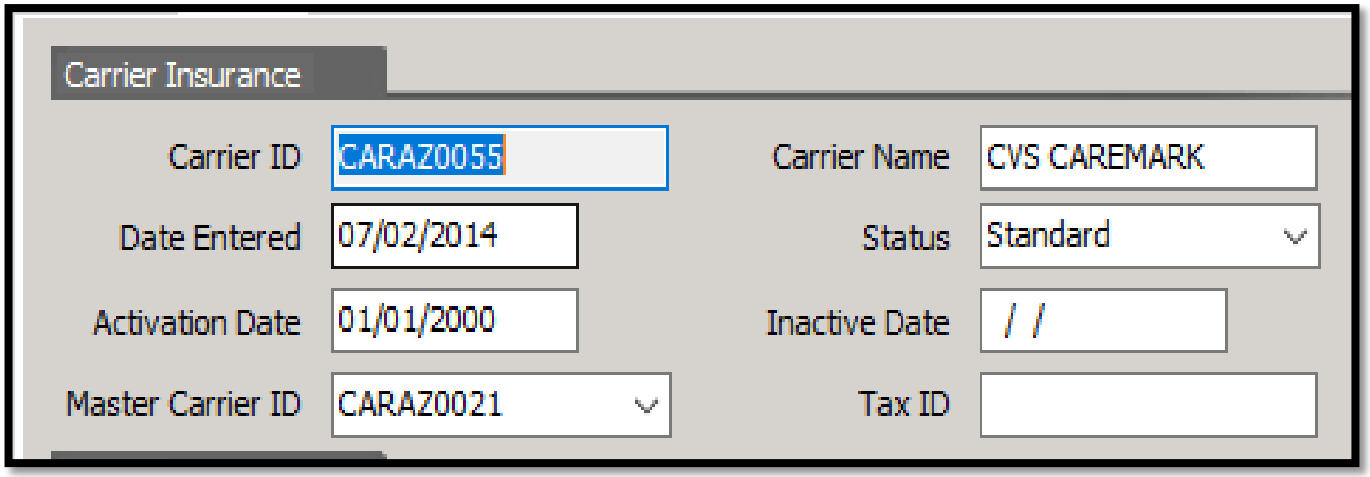


CVS Caremark Master Carrier

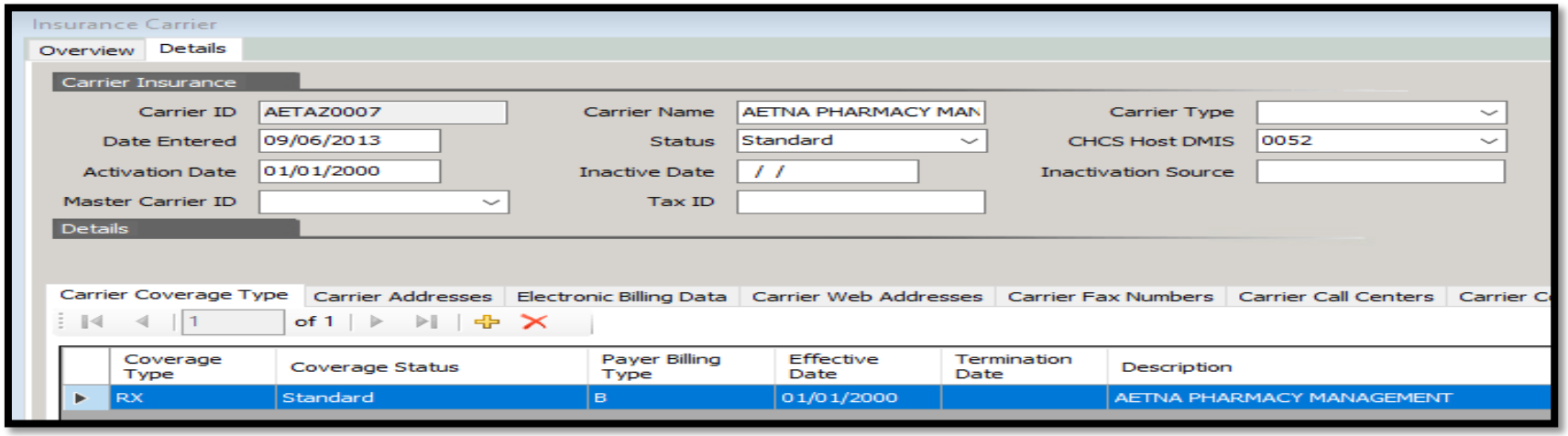


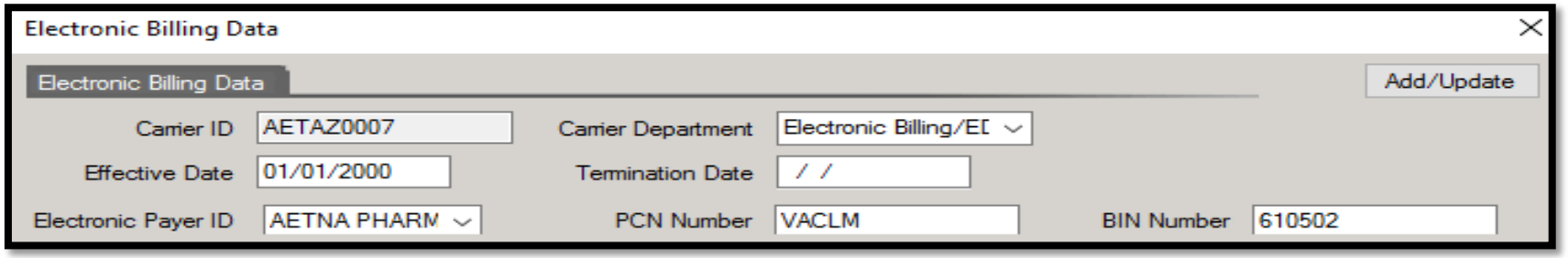


- Adding New Master Carrier HIC ID
  - For existing OHI with another HIC ID, add CARAZ0021 to the Master Carrier box as seen below.



- Aetna Rx Master HIC:
  - Set-Up for DoD Electronic Billing (Excluding Medicare D – Not TPC)
  - HIC ID AETAZ0007 BIN (610502) PCN (VACLM) for Aetna Rx
    - **DO NOT SEND PAPER!**



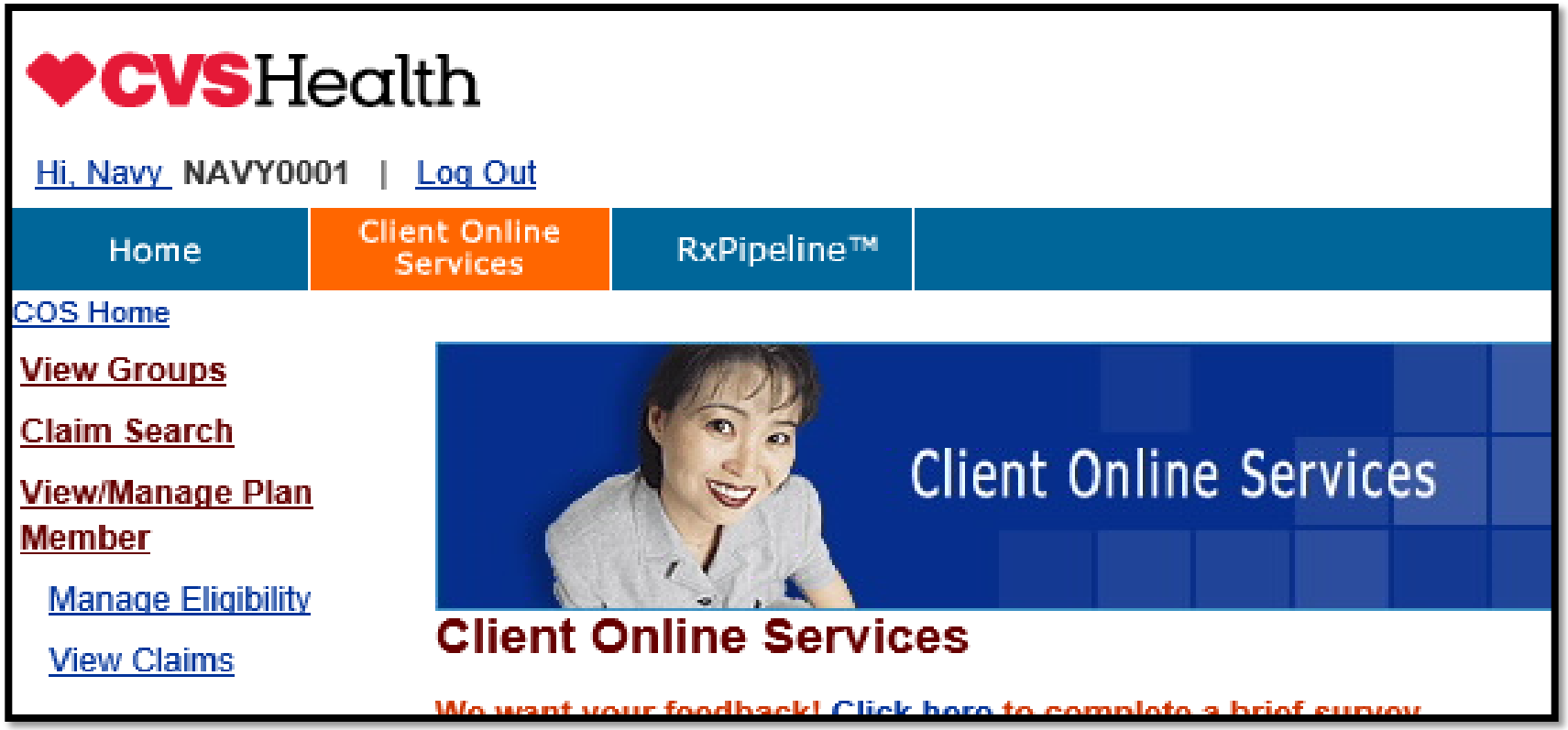


- Custom Tools Reports: *Open Claims Pharmacy Analysis* and *Electronic Validation Report NCPDP*
  - Report can assist with an “organized” approach
  - Use Filters (tornado) to manage data

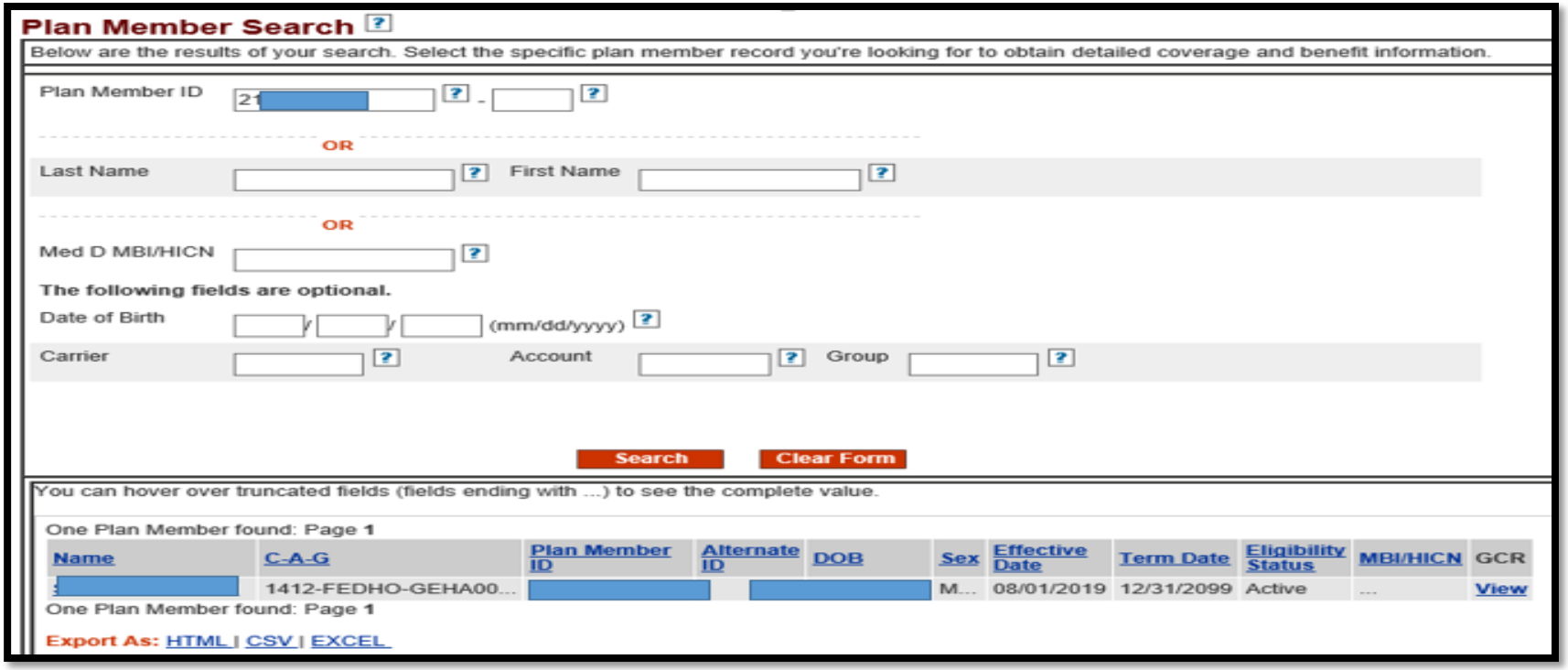
- Helpful Hints
  - Use Custom Tools or The Drill
  - Some errors are best worked in one or the other
  - Work all of patient bills

- Caremark On-Line: Eligibility and Claim Status
  - https://client.caremark.com
  - User ID and Password: Service Provided
  - Phone calls no longer needed

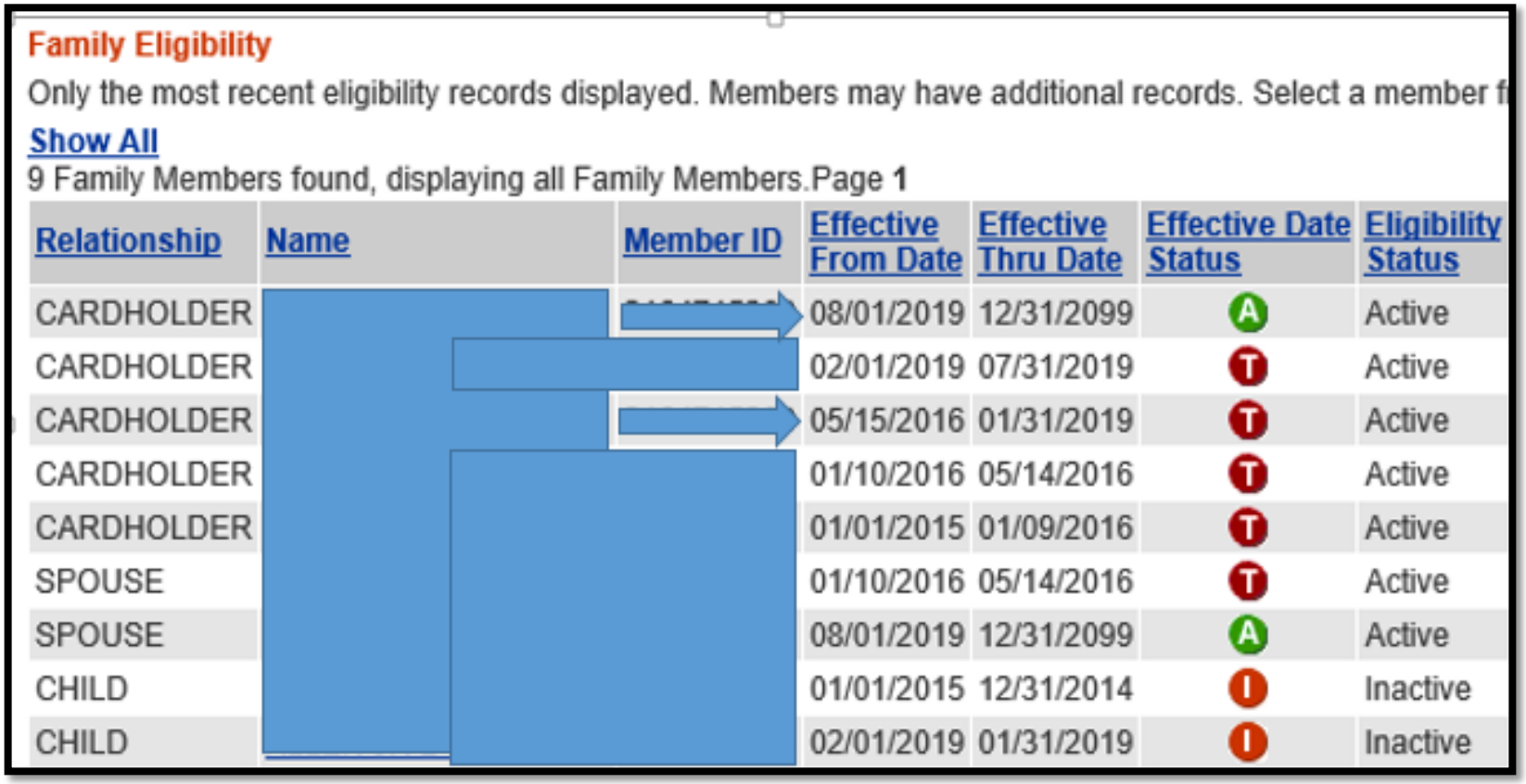
- Main Page


CVSHealth
Hi, Navy NAVY0001 | Log Out
Home
Client Online Services
RxPipeline™
COS Home
View Groups
Claim Search
View/Manage Plan Member
Manage Eligibility
View Claims
Client Online Services
Client Online Services

- "View/Manage Plan Member"
  - Manage Eligibility
  - Type 'Plan Member ID'
    - Type Plan ID, if two digit suffix is not required for search
    - Below has Effective date 8/2019, DOS is 01/2019
    - Select 'Name' hyperlink



- Bottom of screen shows history of coverage
  - First line shows current coverage; third line shows coverage for DOS



Family Eligibility

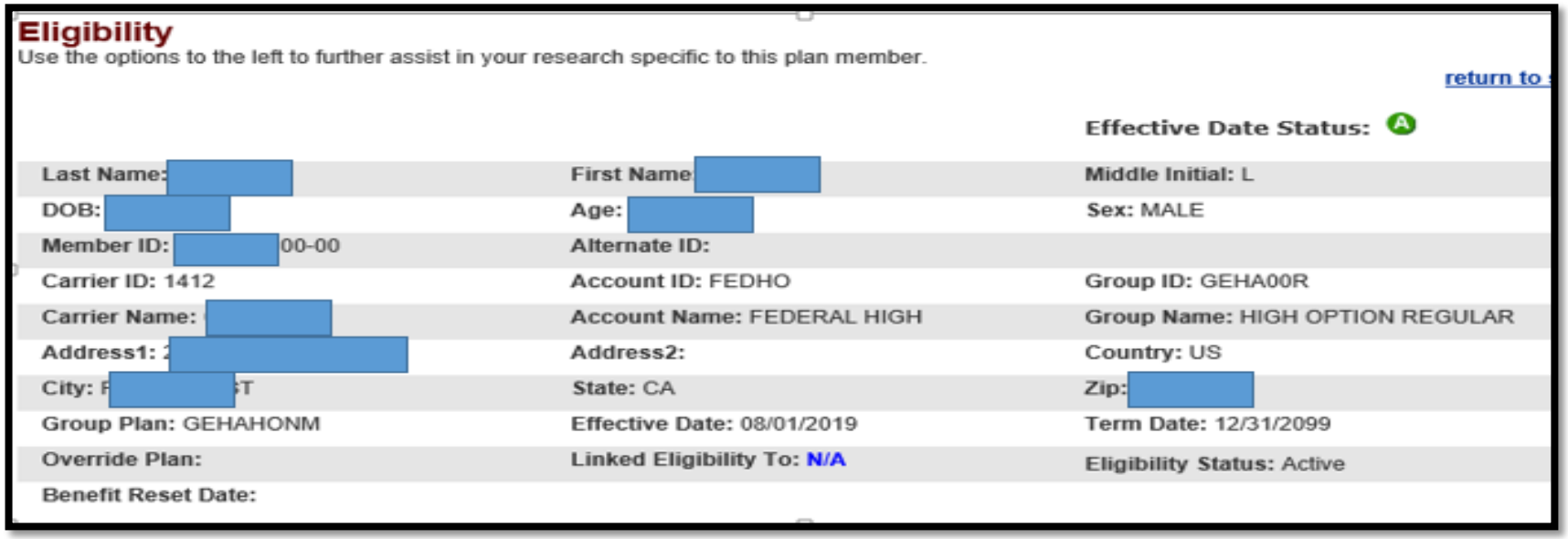
Only the most recent eligibility records displayed. Members may have additional records. Select a member f

Show All

9 Family Members found, displaying all Family Members.Page 1

Relationship	Name	Member ID	Effective From Date	Effective Thru Date	Effective Date Status	Eligibility Status
CARDHOLDER			08/01/2019	12/31/2099	A	Active
CARDHOLDER			02/01/2019	07/31/2019	T	Active
CARDHOLDER			05/15/2016	01/31/2019	T	Active
CARDHOLDER			01/10/2016	05/14/2016	T	Active
CARDHOLDER			01/01/2015	01/09/2016	T	Active
SPOUSE			01/10/2016	05/14/2016	T	Active
SPOUSE			08/01/2019	12/31/2099	A	Active
CHILD			01/01/2015	12/31/2014	I	Inactive
CHILD			02/01/2019	01/31/2019	I	Inactive

- Current coverage data: “Member ID” Use full number NOT -00
  - Each family Member will have a different suffix, each group will use different suffix logic
- **** Update ABACUS for each family member and each claim that was submitted ****
- Carrier ID should be included in ABACUS as the “Group ID”. ADD the letters RX before the Group ID in ABACUS.



Eligibility

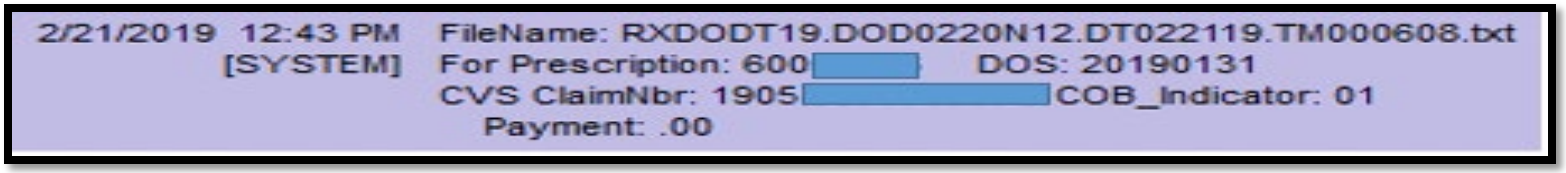
Use the options to the left to further assist in your research specific to this plan member.

return to

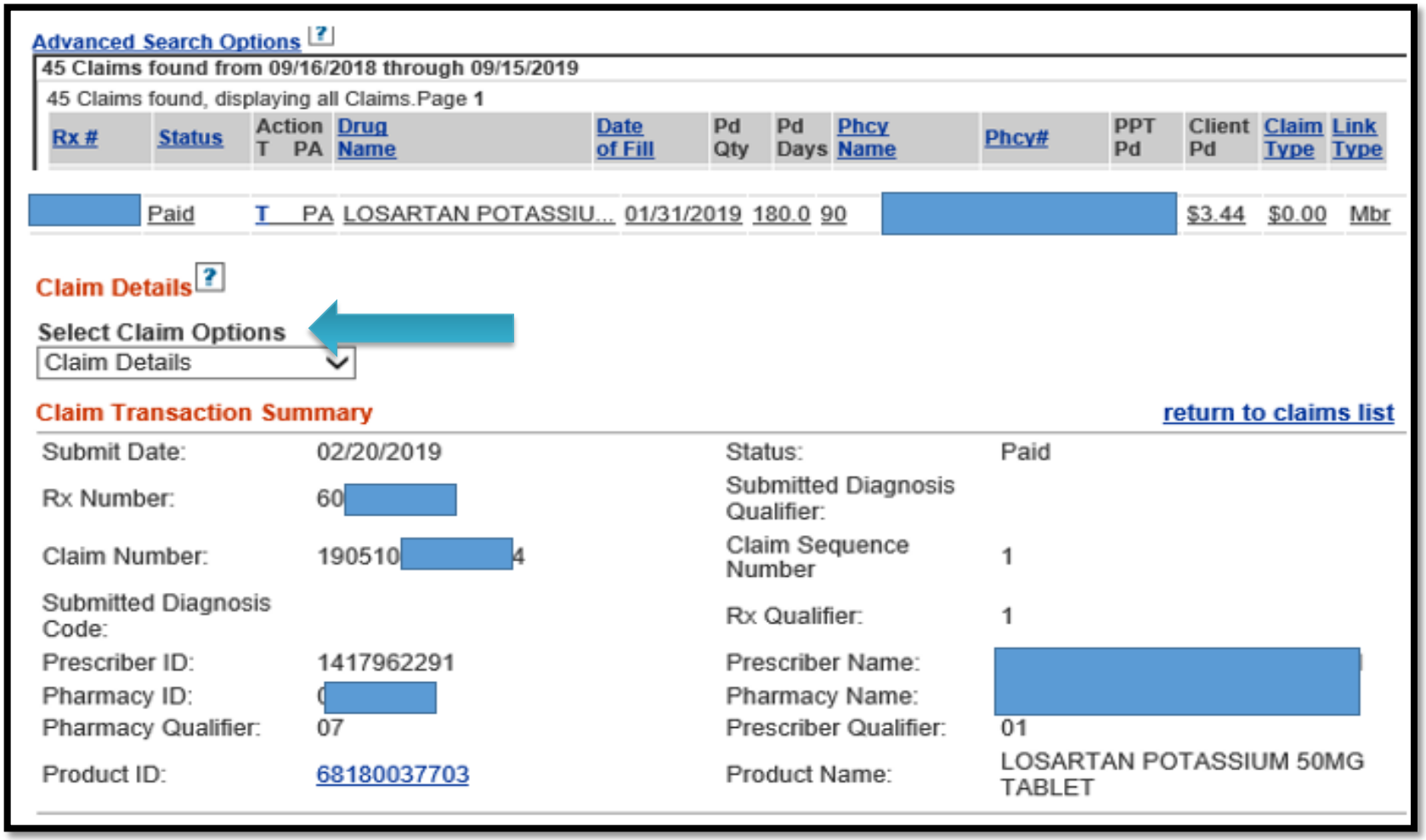
Effective Date Status: A

Last Name: [redacted]	First Name [redacted]	Middle Initial: L
DOB: [redacted]	Age: [redacted]	Sex: MALE
Member ID: [redacted] 00-00	Alternate ID:	
Carrier ID: 1412	Account ID: FEDHO	Group ID: GEHA00R
Carrier Name: [redacted]	Account Name: FEDERAL HIGH	Group Name: HIGH OPTION REGULAR
Address1: [redacted]	Address2:	Country: US
City: [redacted] ST	State: CA	Zip: [redacted]
Group Plan: GEHAHONM	Effective Date: 08/01/2019	Term Date: 12/31/2099
Override Plan:	Linked Eligibility To: N/A	Eligibility Status: Active
Benefit Reset Date:		

- ABACUS response shows payment or processed claim
  - Several ways to research: 1) Patient Policy # or 2) CVS ClaimNbr
    - Need to research why no payment or write-off



- "View Claims" from Menu on the left side
- Shows history of all prescriptions



Advanced Search Options

45 Claims found from 09/16/2018 through 09/15/2019

45 Claims found, displaying all Claims.Page 1

Rx #	Status	Action T	PA	Drug Name	Date of Fill	Pd Qty	Pd Days	Phcy Name	Phcy#	PPT Pd	Client Pd	Claim Type	Link Type
[redacted]	Paid	T	PA	LOSARTAN POTASSIU...	01/31/2019	180.0	90	[redacted]			$3.44	$0.00	Mbr

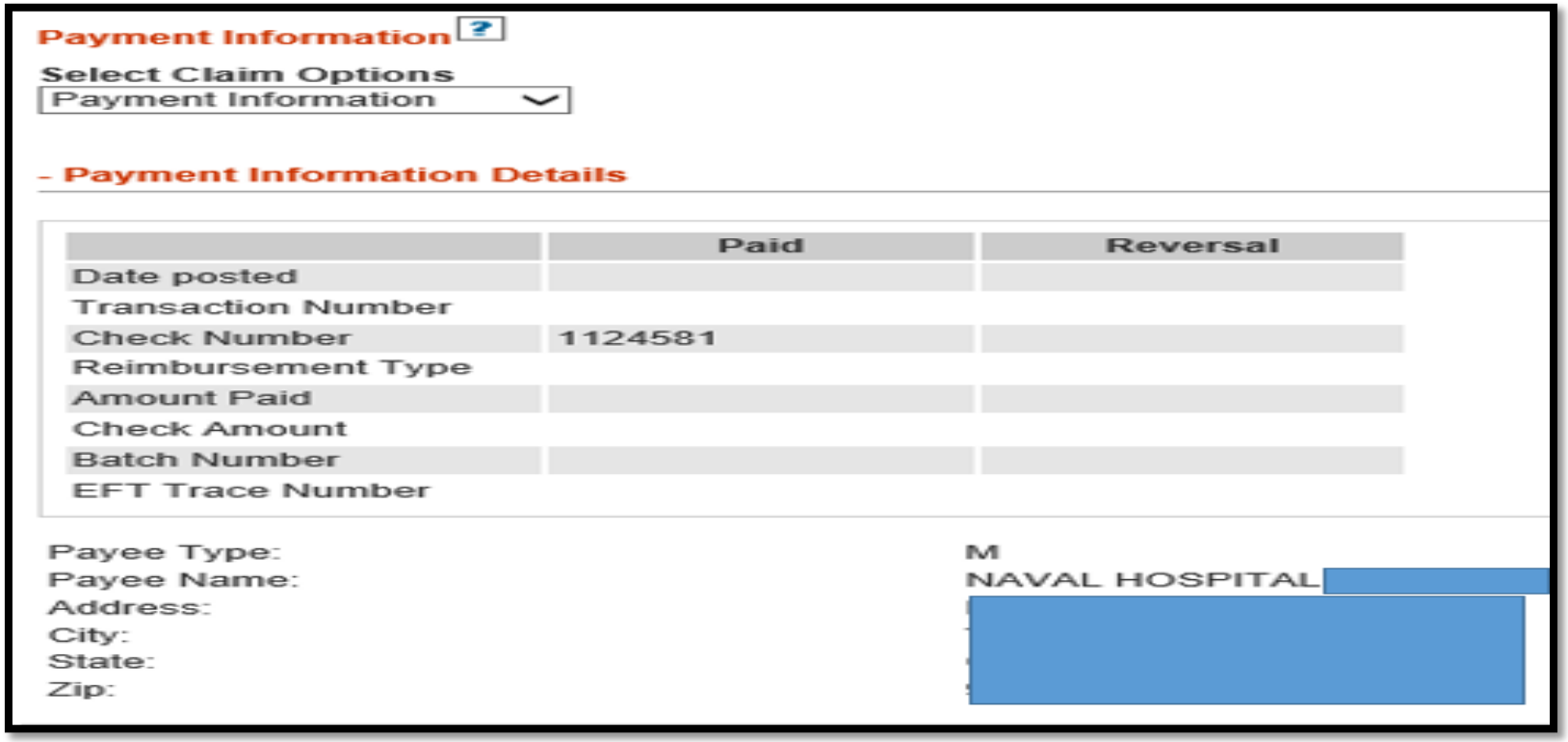
Claim Details

Select Claim Options: Claim Details

Claim Transaction Summary — return to claims list

Submit Date:	02/20/2019	Status:	Paid
Rx Number:	60[redacted]	Submitted Diagnosis Qualifier:	
Claim Number:	190510[redacted]4	Claim Sequence Number	1
Submitted Diagnosis Code:		Rx Qualifier:	1
Prescriber ID:	1417962291	Prescriber Name:	[redacted]
Pharmacy ID:	[redacted]	Pharmacy Name:	
Pharmacy Qualifier:	07	Prescriber Qualifier:	01
Product ID:	68180037703	Product Name:	LOSARTAN POTASSIUM 50MG TABLET

- Still not enough information



Payment Information

Select Claim Options

Payment Information

– Payment Information Details

	Paid	Reversal
Date posted		
Transaction Number		
Check Number	1124581	
Reimbursement Type		
Amount Paid		
Check Amount		
Batch Number		
EFT Trace Number		

Payee Type: M

Payee Name: NAVAL HOSPITAL [redacted]

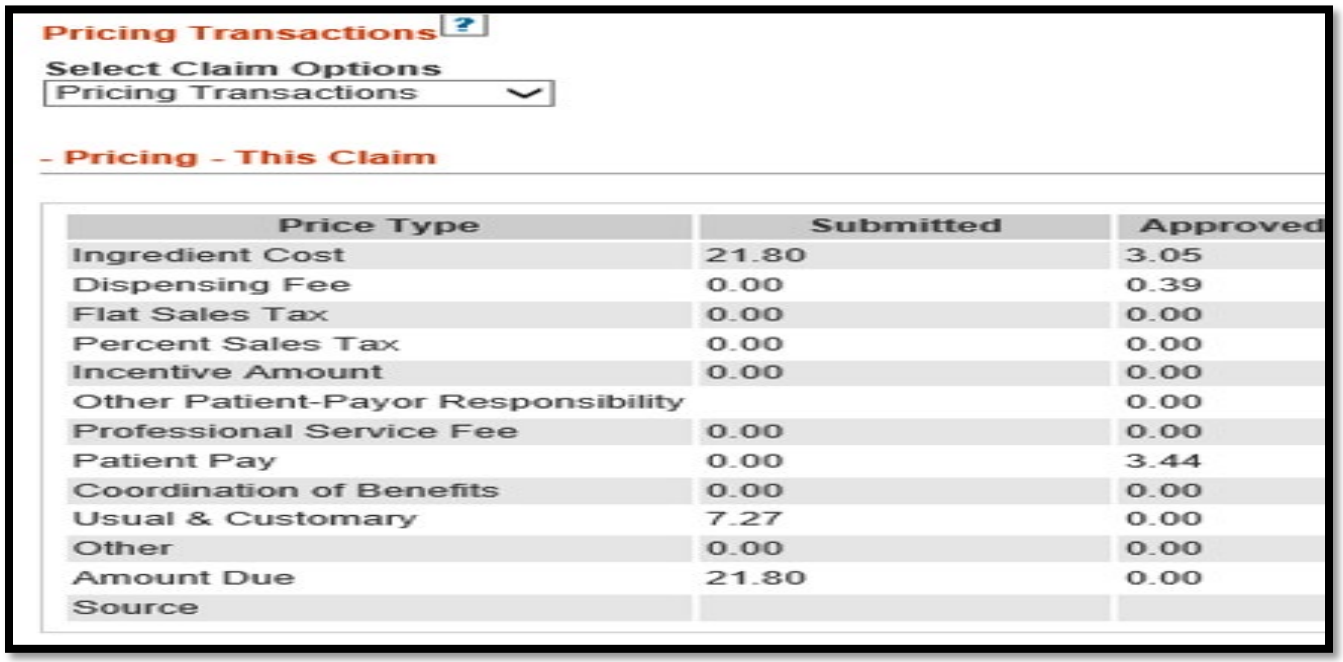
Address: [redacted]

City:

State:

Zip:

- Below shows there was no payment but a co-pay
  - Do a 'Snip-It' and save in Recovery, then write-off can be done



Pricing Transactions

Select Claim Options

Pricing Transactions

- Pricing - This Claim

Price Type	Submitted	Approved
Ingredient Cost	21.80	3.05
Dispensing Fee	0.00	0.39
Flat Sales Tax	0.00	0.00
Percent Sales Tax	0.00	0.00
Incentive Amount	0.00	0.00
Other Patient-Payor Responsibility		0.00
Professional Service Fee	0.00	0.00
Patient Pay	0.00	3.44
Coordination of Benefits	0.00	0.00
Usual & Customary	7.27	0.00
Other	0.00	0.00
Amount Due	21.80	0.00
Source		

Select Claim Options

Additional Information

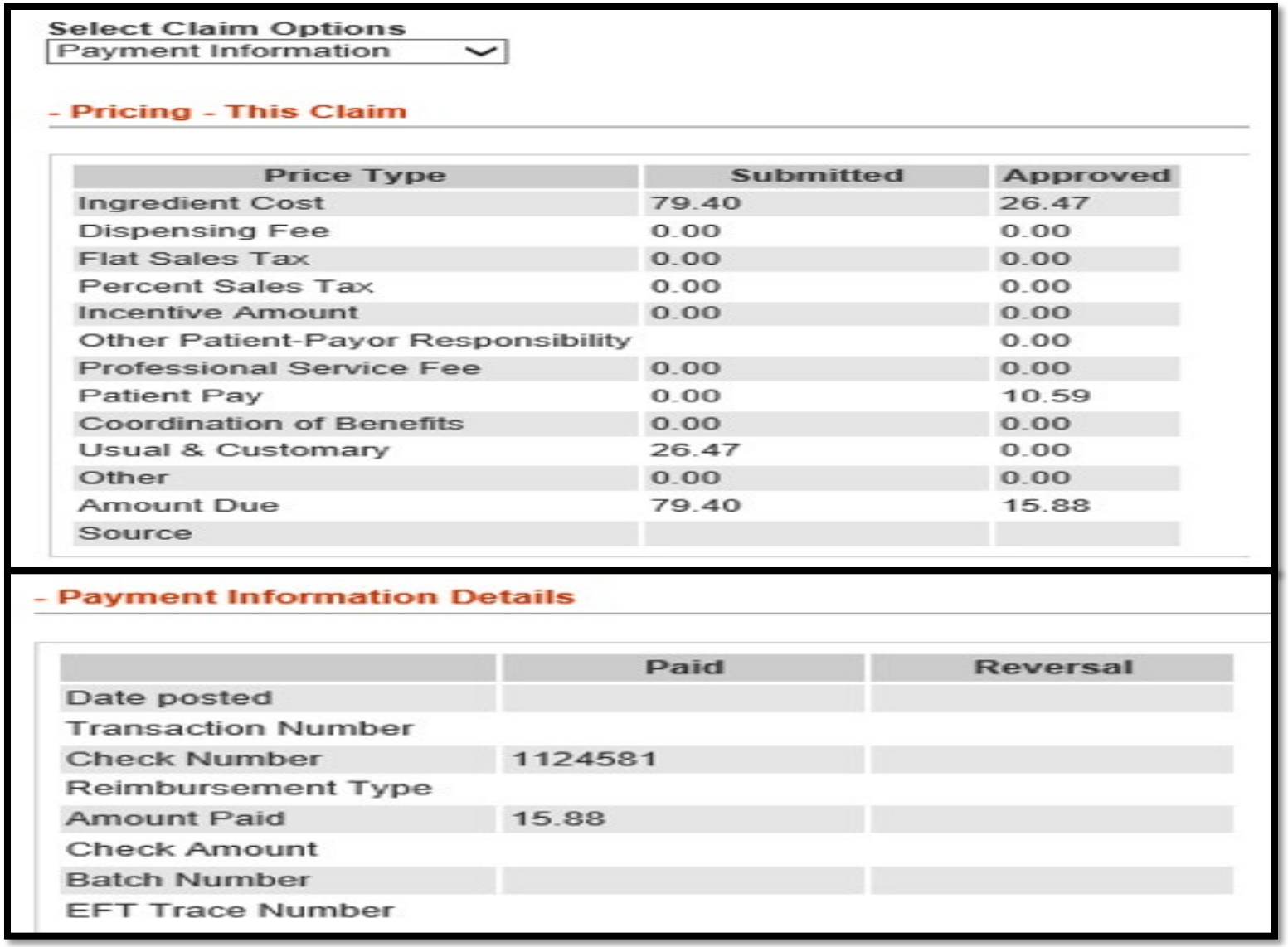
- Supplementary Claim Information

Original Paid Submitted Date: 02/20/2019

Reimbursement Flag: M-Member

Issue ID:

- Different claim that was paid



Select Claim Options
Payment Information

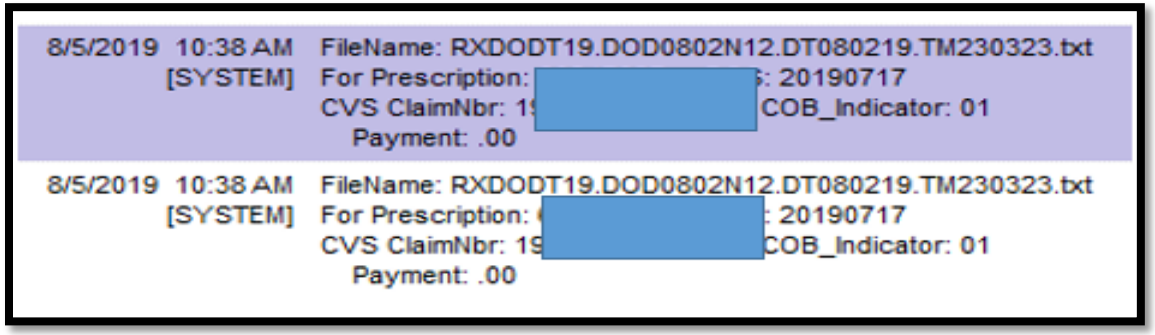
– Pricing - This Claim

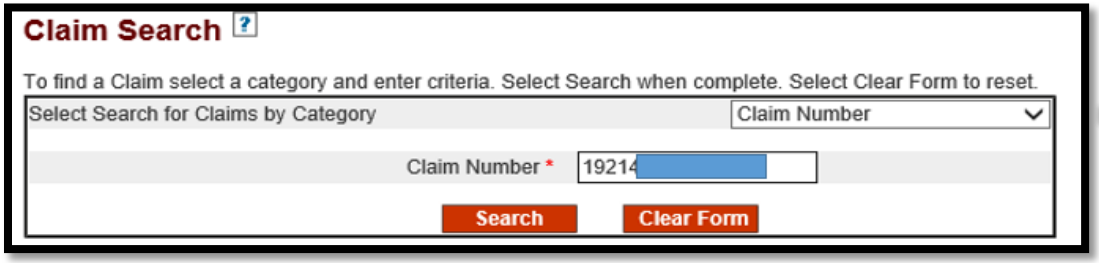
Price Type	Submitted	Approved
Ingredient Cost	79.40	26.47
Dispensing Fee	0.00	0.00
Flat Sales Tax	0.00	0.00
Percent Sales Tax	0.00	0.00
Incentive Amount	0.00	0.00
Other Patient-Payor Responsibility		0.00
Professional Service Fee	0.00	0.00
Patient Pay	0.00	10.59
Coordination of Benefits	0.00	0.00
Usual & Customary	26.47	0.00
Other	0.00	0.00
Amount Due	79.40	15.88
Source		

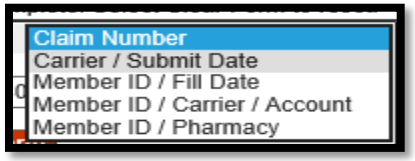
– Payment Information Details

	Paid	Reversal
Date posted		
Transaction Number		
Check Number	1124581	
Reimbursement Type		
Amount Paid	15.88	
Check Amount		
Batch Number		
EFT Trace Number		

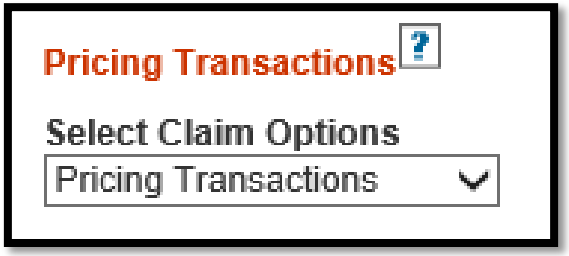
- "Claim Search" with 'CVS ClaimNbr'
  - Response 8/5/19 – Today is 9/16/19 ** Over 30/days what is status







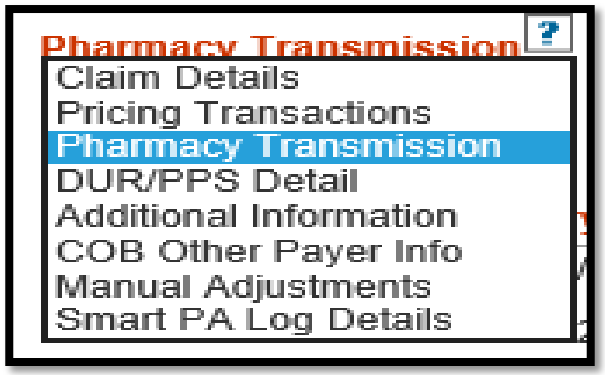
- Shows paid $$

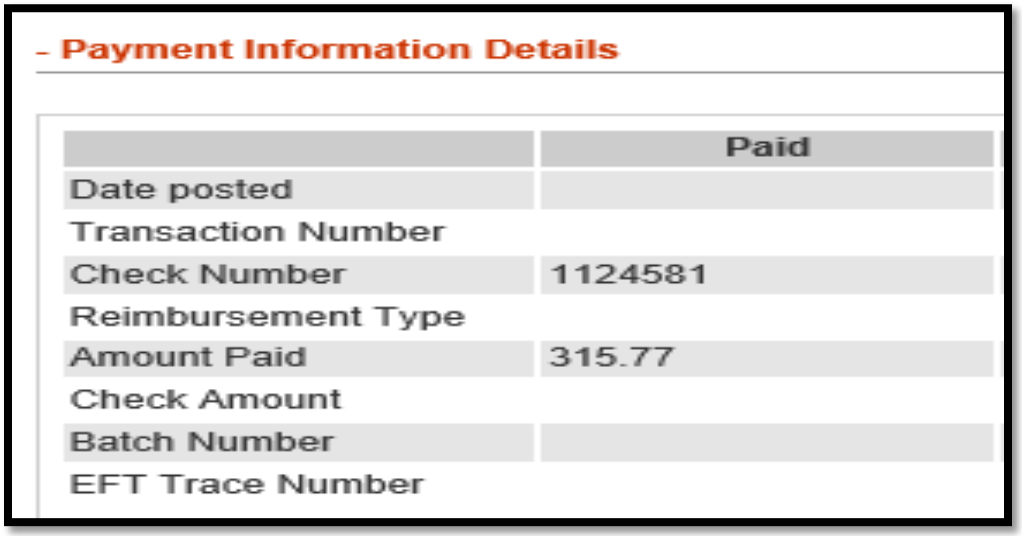


- Pricing - This Claim

Price Type	Submitted	Approved
Ingredient Cost	23.60	23.60
Dispensing Fee	0.00	0.00
Flat Sales Tax	0.00	0.00
Percent Sales Tax	0.00	0.00
Incentive Amount	0.00	0.00
Other Patient-Payor Responsibility		0.00
Professional Service Fee	0.00	0.00
Patient Pay	0.00	15.00
Coordination of Benefits	0.00	0.00
Usual & Customary	23.60	0.00
Other	0.00	0.00
Amount Due	23.60	8.60
Source		

- No Payment Info for this “ClaimNbr,” but second one did *Note that Check # differs (not received)





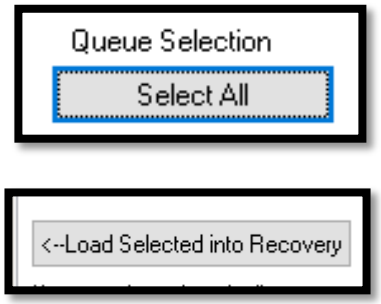
- ABACUS EOB – Ledger Posting

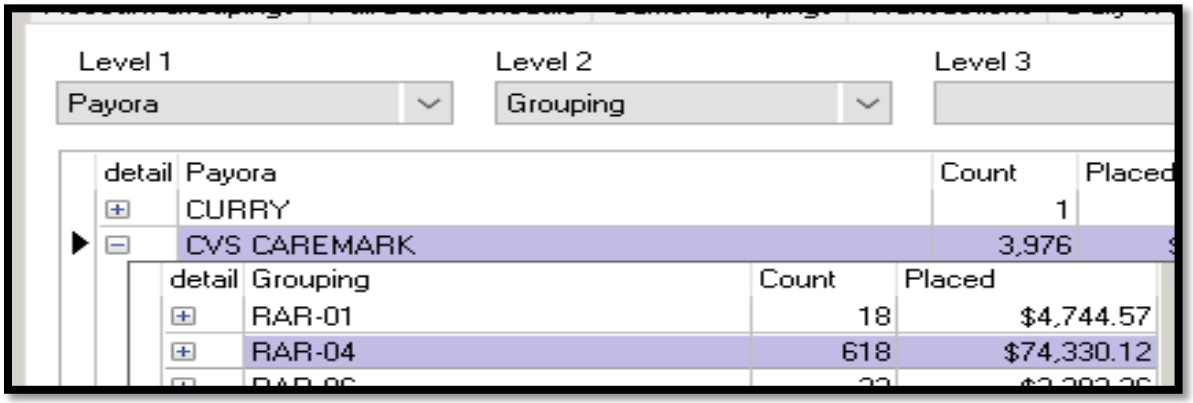
	EOB ID	Check Number	Check Date	Load Date	Payer	Amount
E	2,015	1010489838	08/09/2019	08/15/2019	CAREMARK	353.87

451.10	135.33	315.77
23.60	15.00	8.60

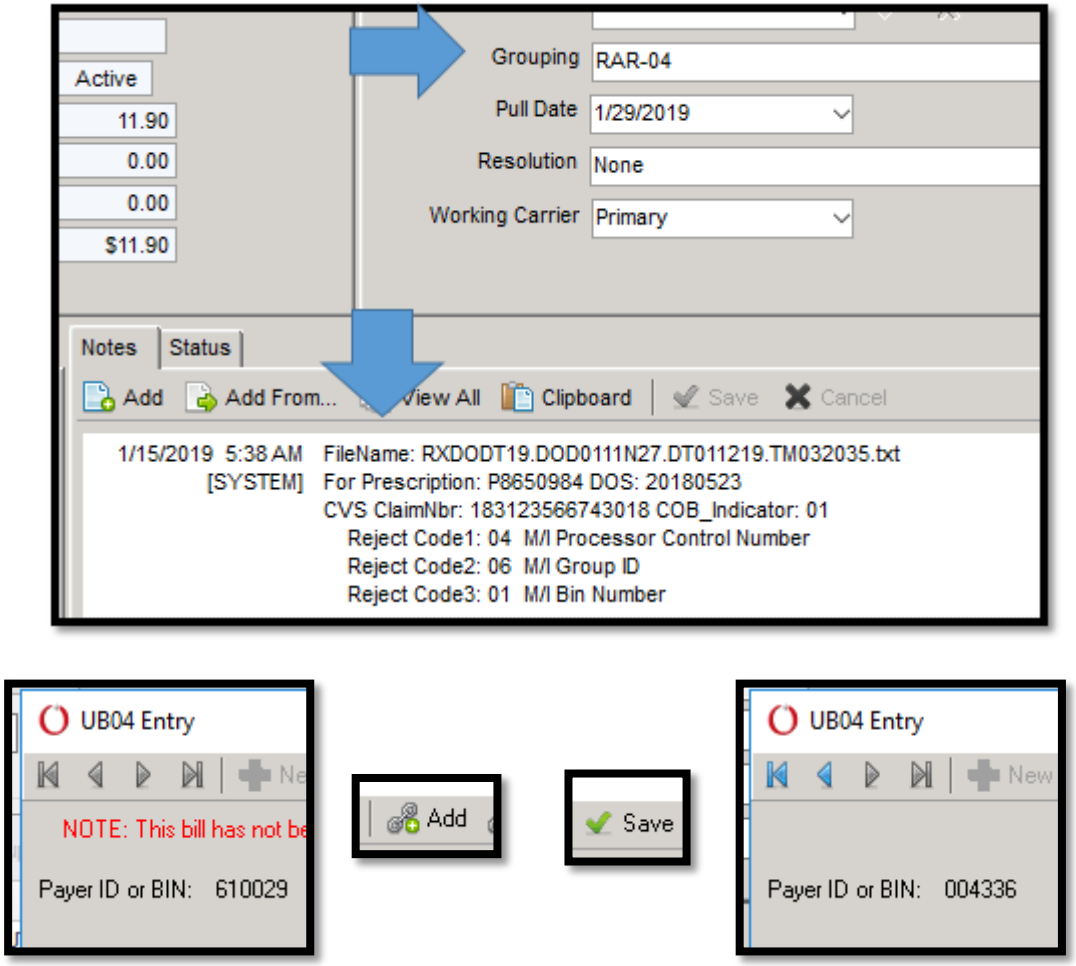
- **<u>CVS Staff Works</u>**- Common Trigger Rejects
  - CVS works these Rejects, do not reprocess or work. Only EOB will have a new Reject code or processed.
    - *Reject 05**
    - *Reject AD – Research Client Intent*
    - *Rejects: 40, 50, 99, 97 – Remediation Required*
    - *Reject 81**

- **RAR 01, 04, 06** Error * M/I BPG * Incorrect BIN PCN
  - Steps to work errors RAR 01 04 06 per CVS Caremark
    - CVS works these, then response is via EOB; if not worked at this time site needs to do the below for updated status
      - If another error, that code will be in Note Tab in Recovery
      - If paid/processed "COB_Indicator: 01 Payment: 00"; does not always mean $$
  - Recovery ABACUS:
    - Use The Drill
      - Queue Selection: Select All ** Carrier Name only shows insurance
      - Select + for Grouping ** Select line ** Load Selected into Recovery

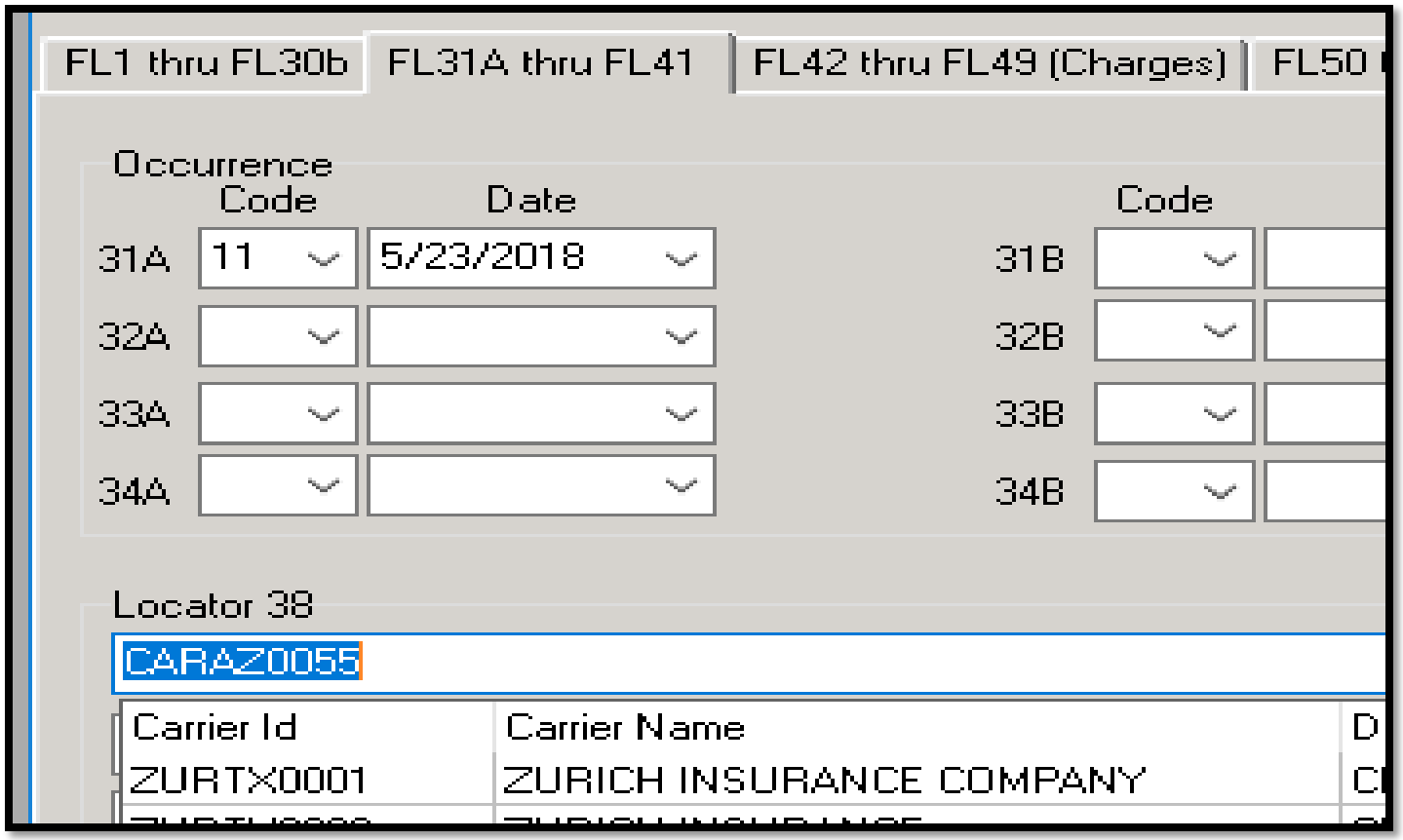




- RAR 01 04 06 Grouping



- If “PAPER” above * Change to CARAZ0021 on Tab FL31A thru FL41

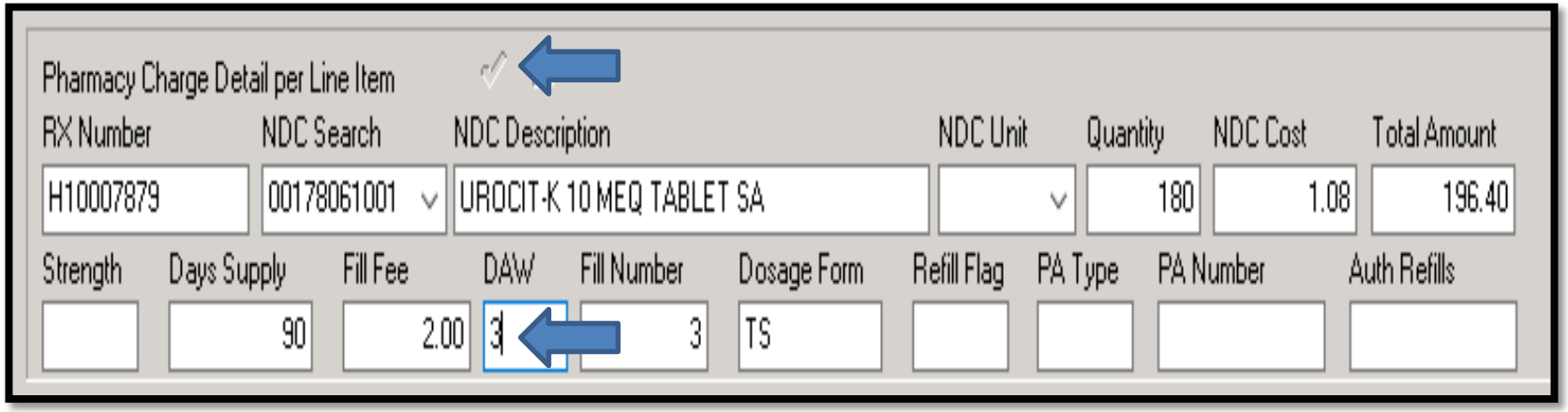


- **RAR 09** DOB * **RAR 10** Gender
  - Verify in DEERS * If correct still, call CVS

- **RAR 11 (06)** * Patient Relationship Code
  - Two-digit code at the end of Policy Number such as-
    - 00 Subscriber GEHA, then 01…
    - 01 Subscriber Aetna RX, then 02…
  - Find the pattern, correct in UB04 Bill #2 add the two-digit code
  - Update source and ABACUS Patient and Demographics
  - Ensure all new policies are set-up correctly

- **RAR 21** * Product Service ID Requires Corrected Prescription Data
  - Invalid NDC
    - Contact pharmacy for current NDC
    - See RAR 70 for process to update, add NDC to local Excel

- **RAR 22** * DAW Dispense As Written
  - Verify correct NDC (Generic vs Name Brand)
  - DAW 3 – Substitution Allowed Pharmacist Selected Product Dispensed
  - DAW 1 – Substitution Not Allowed by Prescriber
    - Once you select DAW code, the “check mark” will be activated and you will need to save (upper left hard corner).



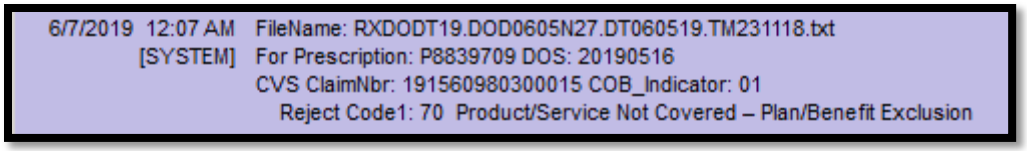
- **RAR 25** * Prescriber ID Requires Correct Member Info
  - Verify correct Provider NPI, use NPPES NPI Registry online; or is the Provider invalid (not licensed)
    - Create Bill #2 and Correct ** Update Master Table - Provider

- **RAR 43, 44** * DEA is Inactive
  - Verify Provider NPI and DEA are valid
    - Create Bill #2 and Correct ** Update Master Table - Provider

- **RAR 52, 06** * Non-Matched Cardholder ID No Eligibility
  - Verify OHI has not been updated, if not call the DoD phone # for CVS and validate data, or visit the CVS website
    - Update OHI data, Term if applicable; Update source systems
      - Data can change by year also
    - This could even be a name issue, insurance has middle as first name, hyphenated names can cause issues
    - For any that cannot be resolved we will need a list for me to forward to CVS

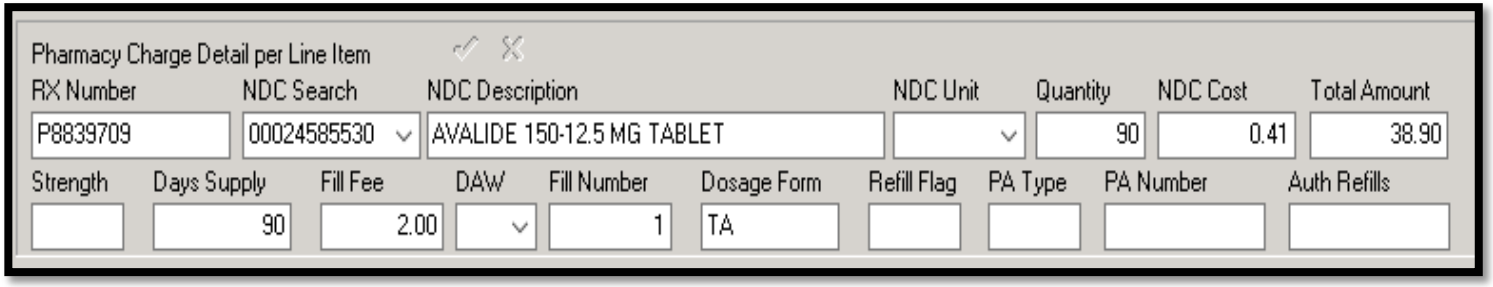
- **RAR 68, 69** * Filled After Coverage Expired / Terminated
  - Apply A02 – Unless incorrect

- **RAR 70** * Product Not Covered / Benefit Exclusion – Plan Rejects
  - Each Health Plan and NDC may have a different step to be performed
    - Name Brand NDC used, verify Generic dispensed; Change NDC and reprocess.
      - Do not just write-off, DoD IG found sites not following-up
    - Create a tracking sheet so not every denial has to be researched from beginning, work RAR 70 at same time. Remember each plan may be different.
  - Recovery Response

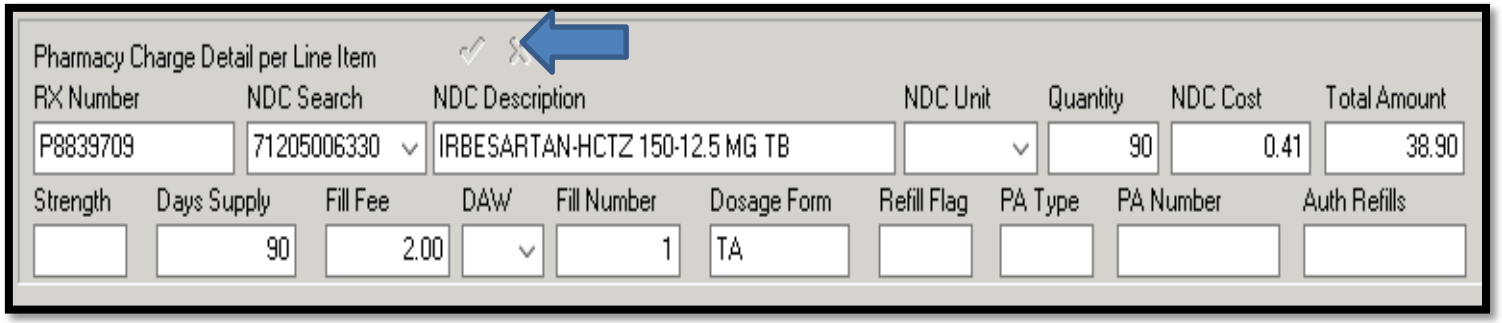


  - CVS Website will indicate if this is a “Speciality Drug”

- Bill #1: Generic brand is dispensed



- Bill #2: Updated NDC. After adding “Check the black check mark.”



- **RAR 75** * Prior Authorization Required – Plan Rejects
  - ABACUS: Master Tables > Other > NDC Needing Authorization
    - Add: NDC Number * Now this NDC will stop in Interface
    - Check with the Insurance Plans
  - Note: Add this to your CVS Caremark / Aetna RX Excel
    - Also, verify there will be a payment ** NDC is billed $25 and co-pay is $25….

- **RAR 76, 19** * Plan Limitations Exceeded / M/I Days Supply – Plan Rejects
  - Bill #2 – Change Day Supply to 30 days

- **RAR 77** * Discontinued Product Service ID Number
  - Contact pharmacy for current NDC
    - Create Bill #2 (add to Excel)

- **RAR 79** * Refill Too Soon
  - Apply W09 – Unless incorrect

- **RAR 83** * Previously Paid
  - Verify posted in ABACUS, if not is there a missing EOB/Check

- **RAR 85** * Claim Not Processed COB (Coordination of Benefits)
  - Verify with patient if there is other OHI

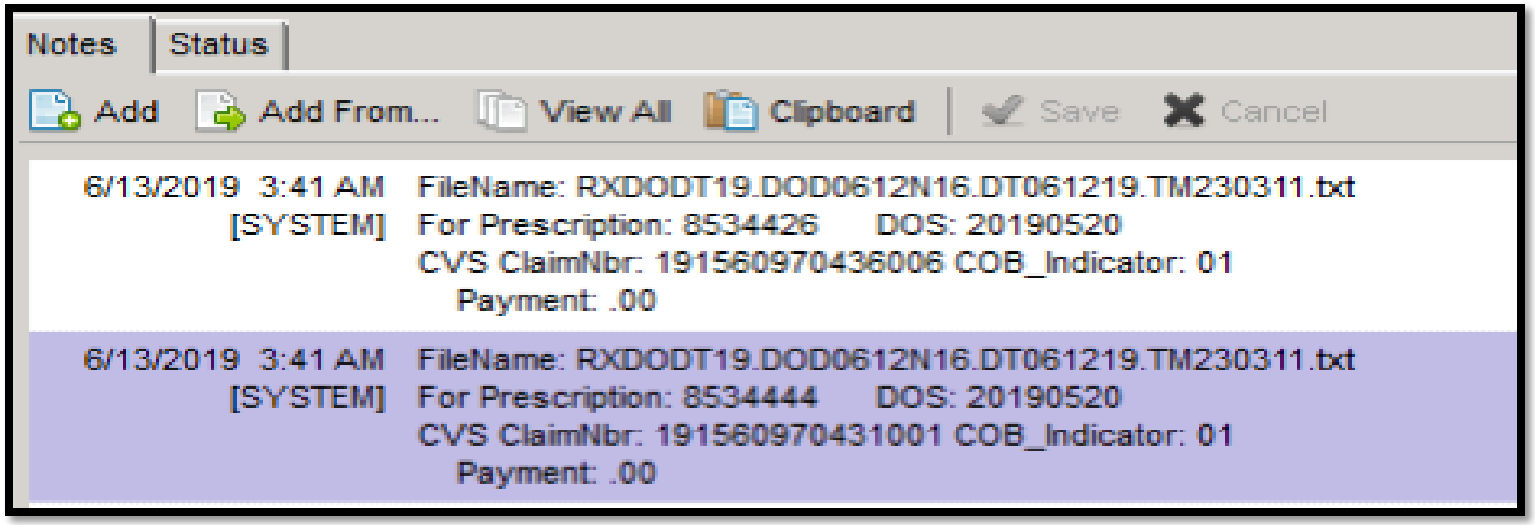
- **RAR 88** * DUR Reject Error (Drug Utilization Review)
  - Call DoD phone #, may need to update Quantity/Days Supply (add to Excel)

- **RAR E7** * M/I Quantity Dispensed
  - Validate there is not a mismatch (cream/inhaler…) correct
  - Quantity is wrong

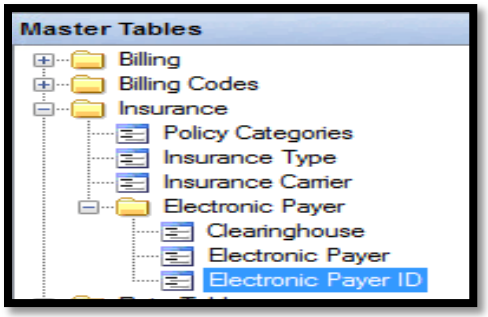
- **RAR RAR** * COB Indicator
  - See RAR 85

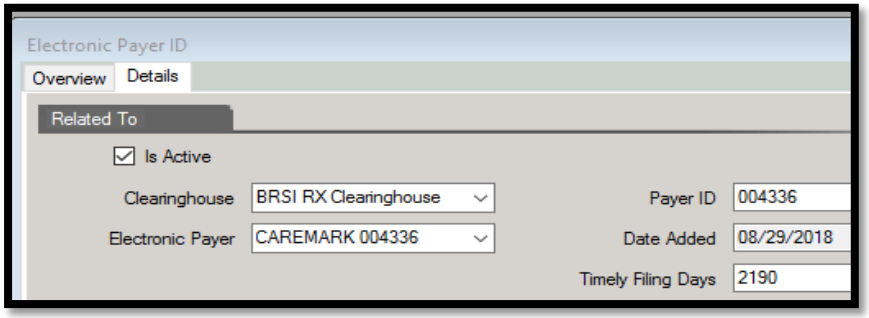
- **RAR R6** * Product Not Appropriate For This Location
  - Specialty Drug can be dispensed in appropriate pharmacy
    - Hold these! Army legal is working with CVS 14Jun19

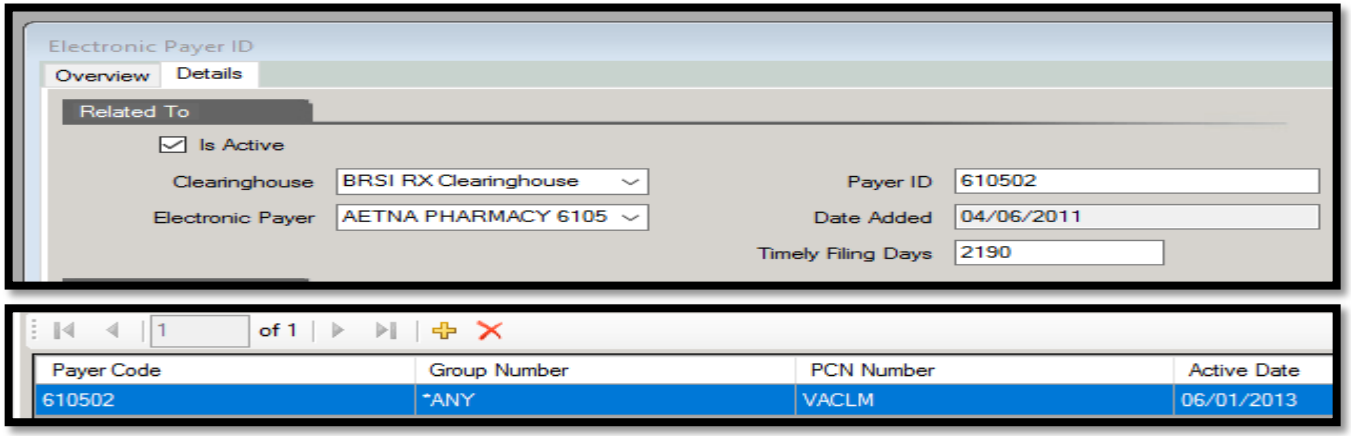
- Processed Claim:
  - Below two scripts are now processed, was RAR 04/06/01, resent electronic Bill #2



- Timely Filing – Per CVS Caremark
  - DOD has **6 years** from DOS to submit claims. Submit with as many corrections as needed. Get them to a valid status.
  - ABACUS Timely Filing Days- Change to 2190 (BIN 004336-CVSCaremark)/(BIN 610502-AetnaRX)



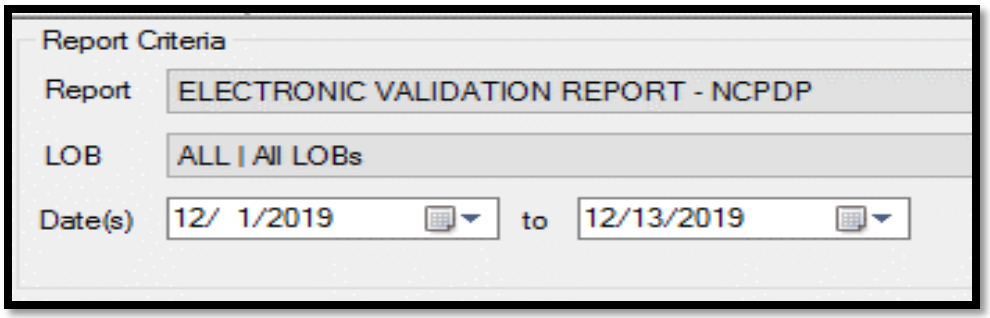




- Resubmitting Closed Claims
  - Recovery: Account Information – Resolution to "NONE"
    - This will show on Custom Tools Report *Open Claims by LOB*
    - Reverse write-off

- OCONUS
  - OCONUS Electronic Claims with error RAR-05
    - CVS Caremark – AetnaRX is able to process claims electronically for OCONUS
      - Contact Region or Headquarters as appropriate
        - Region/HQ send email to CVS Caremark for unique 7-digit number
          - Will be used NPI and NCPDP
    - DHA Ticket to ABACUS requesting Business Rule to be set-up:
      - Provide MTF name and MTF stateside address (sister site-headquarters)
    - Send a few claims once set-up
      - Once successful, request for all claims to be resubmitted

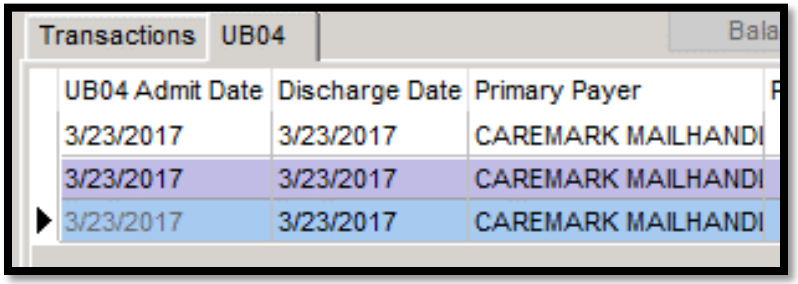
- Screenshots in ABACUS
  - Custom Tools

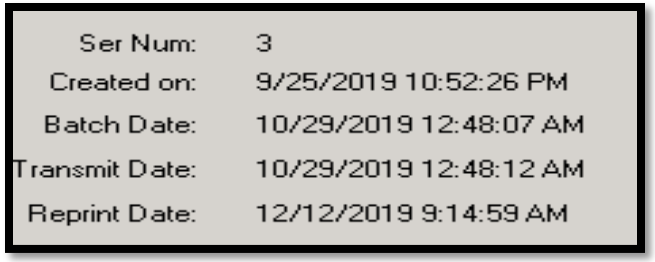


  - Prior Claims Resubmitted

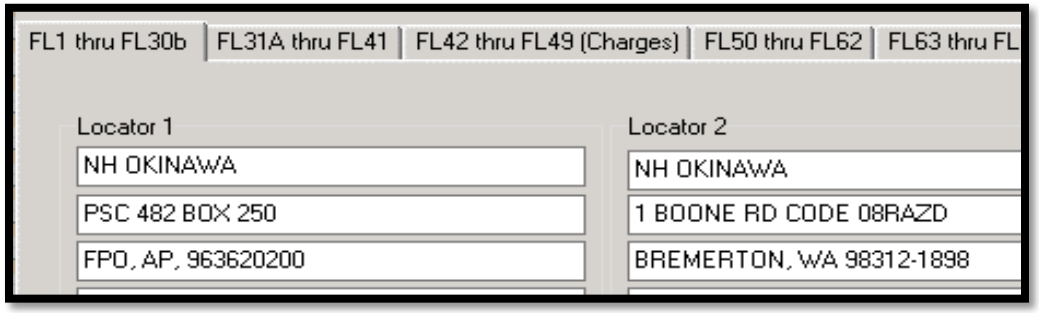
CONTROL_NUMBER	TRANSMIT_DT	BILLED$	PAYORA_FRM_CLI	GROUPING_CODE
180621P0003999	12/12/2019	332.00	CAREMARK MAILHANDLERS ...	Electronic Bill Submitted
180621P0004000	12/12/2019	20.02	CAREMARK MAILHANDLERS ...	Electronic Bill Submitted

  - Recovery “Bill”
    - “Reprint Date” is ABACUS resending

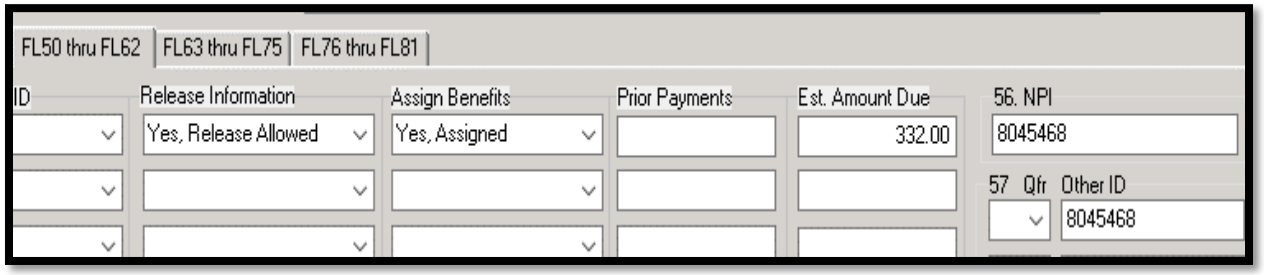




- Locator 1/2 Set – up



- Locator 56/57 Set – up



- CVS Caremark & Aetna Rx:
  - UBO Works- Common Standing Rejects (RAR):
    - Reject 01 (04 06) * M/I BIN Number
    - Reject 04 (06 01) * M/I Processor Control Number – M/I BPG
    - Reject 06 (01 04) * M/I Group ID – Requires Correct Member Info
    - Reject 09 * M/I Date of Birth – Requires Correct Member Info
    - Reject 10 * M/I Patient Gender Code – Requires Correct Member Info
    - Reject 11 (06) * M/I Patient Relationship Code – Requires Correct Member Info
    - Reject 21 * M/I Product Service ID – Requires Corrected Prescription Data
    - Reject 22 * M/I Dispense As Written DAW – Requires Corrected Prescription Data
    - Reject 25 * M/I Prescriber ID – Requires Correct Member Info
    - Reject 43 44 * Plans Prescriber data base indicates DEA submitted is Inactive
    - Reject 52 (06) * Non-Matched Cardholder ID – No Eligibility

- CVS Caremark & Aetna RX:
  - UBO Works- Common Standing Rejects (RAR):
    - Reject 68 69 (06) * Filled After Coverage Expired/Terminated
    - Reject 70 * Product Not Covered / Benefit Exclusion – Plan Rejects
    - Reject 75 * Prior Authorization Required – Plan Rejects
    - Reject 76 (19) * Plan Limitations Exceeded / M/I Days Supply – Plan Rejects
    - Reject 77 * Discontinued Product Service ID Number
    - Reject 79 * Refill Too Soon – Plan Rejects
    - Reject 83 * Previously Paid
    - Reject 85 * Claim Not Processed
    - Reject 88 * DUR Reject Error
    - Reject E7 * M/I Quantity Dispensed
    - Reject RAR * COB Indicator
    - Reject R6 * Product Not Appropriate For This Location

- All Express Scripts will go electronic, this allows for NCPDP response and tracking; regardless of date of service. Every MTF UBO will require electronic access to efficiently verify OHI, bill and perform follow-up. Please be aware of this process.
- All NMW sites have had their ABACUS updated, plus re-pointed billed HICs to the Master HICs. Monitor electronic billing to ensure there no typos, or re-pointed a MD to a RX; also, are the days 2190 for old bills to be resent electronic. Take an organized approach, send a few claims for each error and ensure these have processed. Claims go on Tuesday, response on Friday or Thursday with response on Monday. All electronic responses need to be done within two weeks, balance back billing with current.
  - **** RESUBMIT ALL TRANSFERRED CRS for VALID STATUS ** UPDATE CRS/CSNG AS REQUIRED ****
  - DoD Help Desk 866-257-4879
  - CARAZ0021 BIN 004336 PCN VACLM **** AETAZ0007 BIN 610502 PCN VACLM

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