

Rx Billing

Express Scripts/CVS Caremark/Aetna Rx

23 March 2021 0800– 0900 EDT
25 March 2021 1400 – 1500 EDT

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- 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)

The screenshot shows the 'Recovery Specialist Statistics for YGuerrero' window. It features a navigation bar with tabs: Account Groupings, Pull Date Schedule, Carrier Groupings, Transactions, Daily Work Log, Inventory, DMIS Groupings, Name and Control Number Lookup, The Drill, and Statistics. Below the navigation bar are three level filters: Level 1 (Grouping), Level 2 (Carrier Name), and Level 3 (empty). A 'Queue Selection' panel on the right contains a list of checkboxes for various error types, including CHCS_CONV, CIV In-Denial, CIV In-FLUP, CIV In-Process, CIV In-Reject, CIV Out-Denial, and CIV Out-FLUP. The main data area displays a tree view of error statistics:

| Level 1 | Level 2 | Level 3 | Count | Placed |
|----------|----------------------------------|-----------------------|-------|-------------|
| Grouping | Carrier Name | | | |
| + | RX: Prior Authorization Required | | 104 | \$19,024.14 |
| + | RX: Too Old for NCPDP Submission | | 69 | \$63,093.63 |
| | + | Carrier Name | | |
| | | CIGNA PHARMACY CENTER | 2 | \$14.73 |
| | | EXPRESS SCRIPTS | 67 | \$63,078.90 |

Recovery ver. 2.21.8.17 - (Sensitive Information) [Redacted]

Queue
 Assignment

Facility: [Redacted]
 Loaded From Account Lookup

LOB: [Redacted]
 The account you are looking at is in this Queue --> TPC Out-Reject

Patient Information | Insured

Control # [Redacted]

Name(F/L) [Redacted]

SSN [Redacted]

Policy # [Redacted]

DOB [Redacted]

RP Name [Redacted]

Employer [Redacted]

Placement Information

Date Placed: 8/1/2019

Age at Placement: 15 Days

Date of Service: 7/18/2019 to 7/18/2019

Date Resolved: [Empty]

Status: Active

Total Billed: 65.00

Payments: 0.00

W/O and Adj: 0.00

Total Remaining: \$65.00

Account Information

Last Denial: [Empty]

Last Denial Date: [Empty] ✓ ✕

Grouping: RX: Too Old for NCPDP Submission

Pull Date: 10/28/2019

Resolution: None

Working Carrier: Primary

Carrier | Information Requests | Letters | Images

Select Carrier

(EXPKY004) EXPRESS SCRIPTS 29 Claims for this Carrier

| Address | Phone | Fax | Web Page | Comments |
|-----------------|------------|--------------|-----------|----------|
| Department | Address1 | Address2 | City | Sta |
| EXPRESS SCRIPTS | MTF CLAIMS | PO BOX 14712 | LEXINGTON | KY |

Notes | Status

10/21/2019 4:01 PM NCPDP Response loaded from [SYSTEM] F:\PHARMACY\N_29PALMS_PROD\Pending\outputN12_2019-10-21.txt Control Number 190030P0003916 Bill Number 2

| RX Number | Billed | ICP | Fill Fee | CoPay/Ins | Amt Paid | Remaining |
|-------------|--------|---------------|----------|-----------|----------|-----------|
| TP70220767 | FB81 | Claim Too Old | 401 | | | |
| 90DYLMT/DOS | | | | | | |

| Queue | Grouping | Pull Offset | RuleNum |
|----------------|----------------------------------|-------------|---------|
| TPC Out-Reject | RX: Too Old for NCPDP Submission | 7 | 1960 |

Step 1: Log into express–scripts.com

The screenshot shows the Express Scripts Pharmacist Resource Center website. The URL in the browser is <https://prc.express-scripts.com/frontend/prcportal/#>. The page includes a navigation bar with 'Log In' and 'Register' buttons, and a main section titled 'Pharmacist Resource Center' with a search interface for patient information.

Navigation links: [FAQs](#) [Resources](#) [Contact Us](#)

Pharmacist Resource Center

Search By: Patient Name Cardholder ID

First Name: Last Name: DOB: TX:

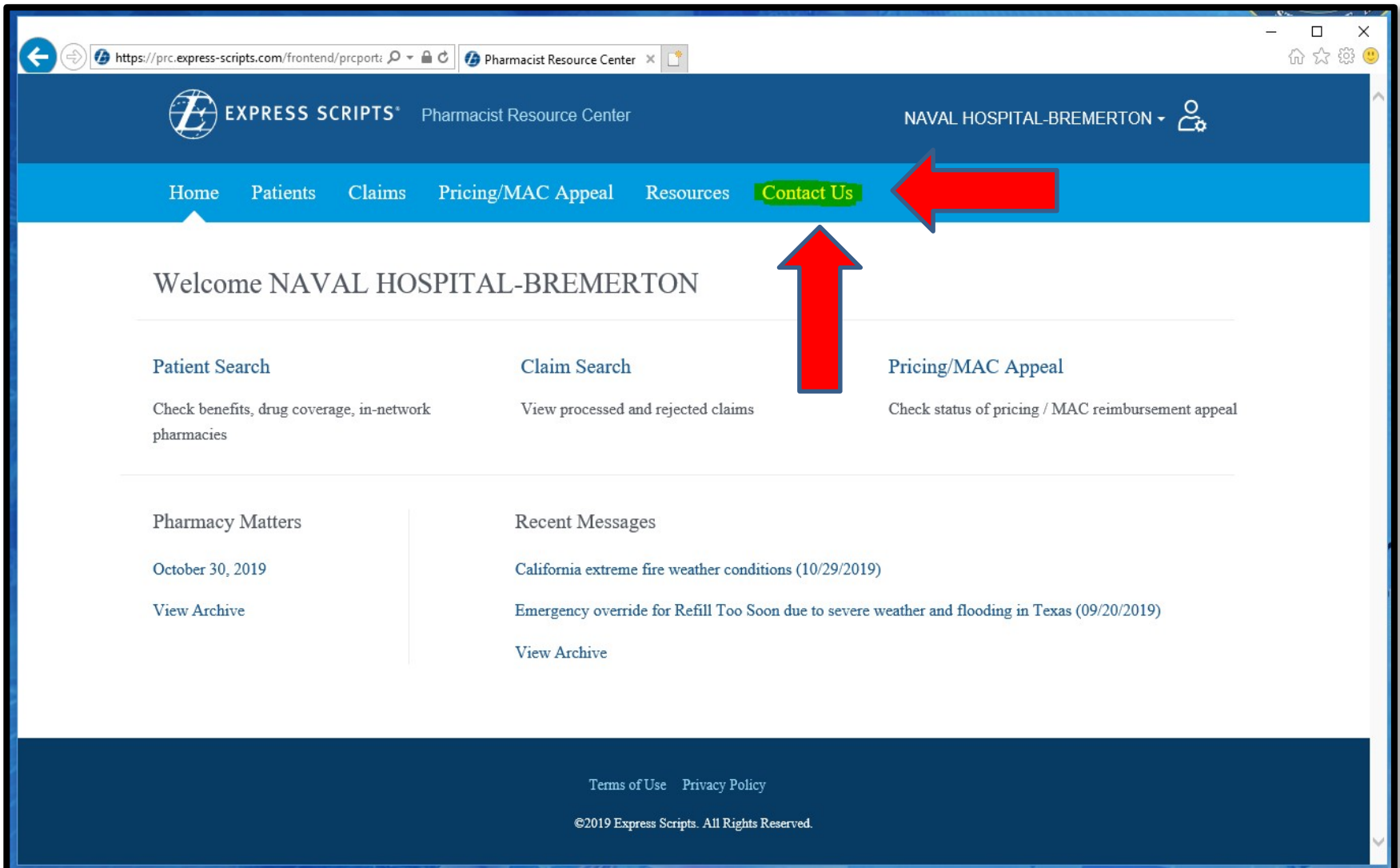
City: State: ZIP:

| Name | Cardholder ID | DOB | In Group # | Effective | Exp Date | As of | PCA |
|--|---------------|------------|------------|------------|------------|------------|------------|
| Don Pullman 12 Bluebird St Congers, NY | AB0212121 | 01/05/1960 | ABC0 | 01/01/2016 | 12/31/2019 | 12/31/2019 | 12/31/2019 |
| Don Pullman 5 Sunset Ave Raleigh, NC | AB0609022 | 01/05/1960 | BC08 | 01/01/2016 | 12/31/2019 | 12/31/2019 | 12/31/2019 |
| Don Pullman 20 Kings Ct Fayetteville, NC | AB0212121 | 01/05/1960 | EF04 | 01/01/2016 | 12/31/2019 | 12/31/2019 | 12/31/2019 |

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Step 2: Select "Contact Us"



https://prc.express-scripts.com/frontend/prcport: Pharmacist Resource Center

EXPRESS SCRIPTS® Pharmacist Resource Center

NAVAL HOSPITAL-BREMERTON

Home Patients Claims Pricing/MAC Appeal Resources **Contact Us**

Welcome NAVAL HOSPITAL-BREMERTON

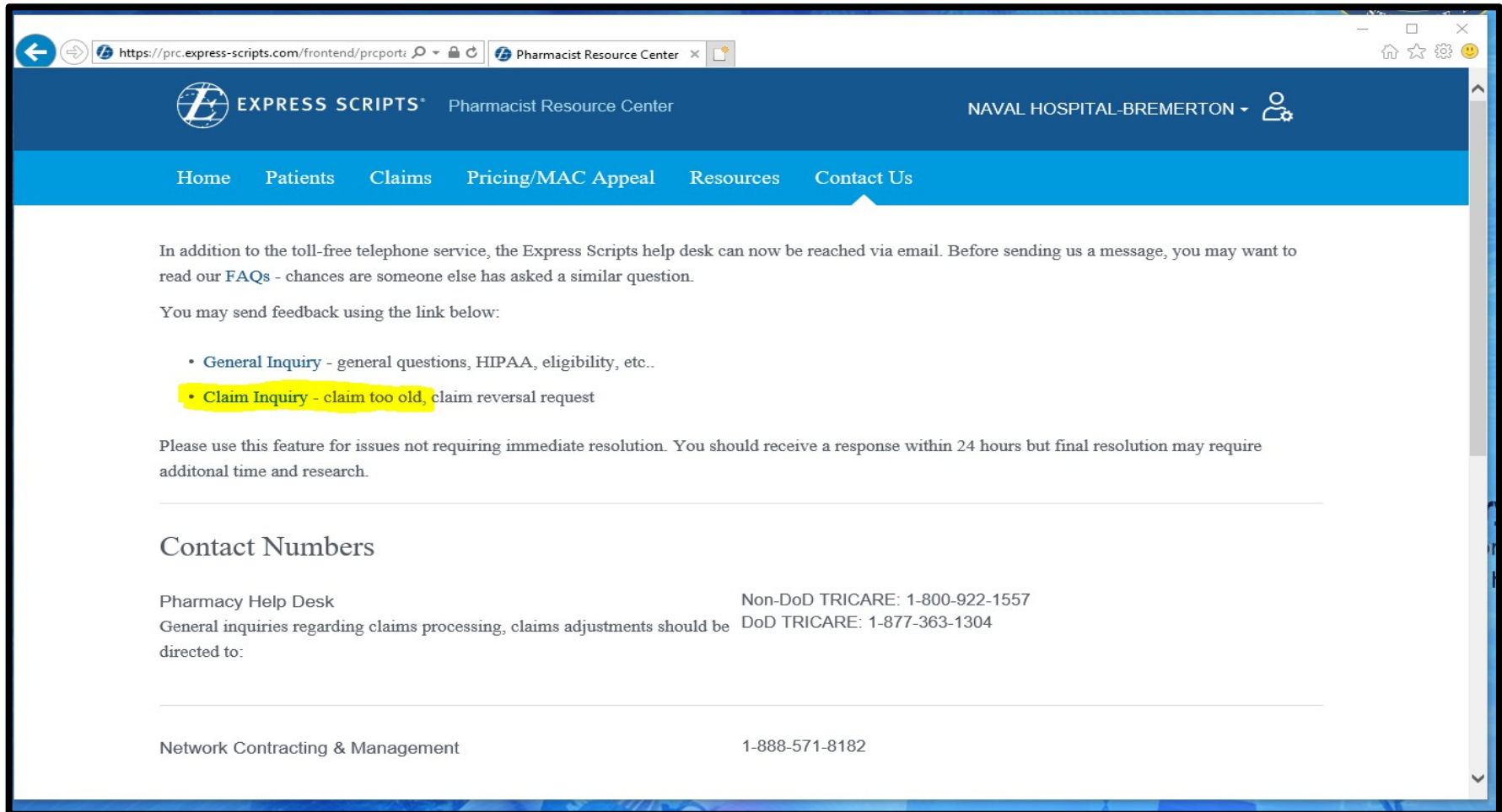
| | | |
|---|---|---|
| Patient Search Check benefits, drug coverage, in-network pharmacies | Claim Search View processed and rejected claims | Pricing/MAC Appeal Check status of pricing / MAC reimbursement appeal |
|---|---|---|

| | |
|---|--|
| Pharmacy Matters October 30, 2019 View Archive | Recent Messages California extreme fire weather conditions (10/29/2019) Emergency override for Refill Too Soon due to severe weather and flooding in Texas (09/20/2019) View Archive |
|---|--|

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



https://prc.express-scripts.com/frontend/prcportl Pharmacist Resource Center

EXPRESS SCRIPTS® Pharmacist Resource Center

NAVAL HOSPITAL-BREMERTON

Home Patients Claims Pricing/MAC Appeal Resources Contact Us

In addition to the toll-free telephone service, the Express Scripts help desk can now be reached via email. Before sending us a message, you may want to read our [FAQs](#) - chances are someone else has asked a similar question.

You may send feedback using the link below:

- [General Inquiry](#) - general questions, HIPAA, eligibility, etc..
- [Claim Inquiry - claim too old, claim reversal request](#)

Please use this feature for issues not requiring immediate resolution. You should receive a response within 24 hours but final resolution may require additional time and research.

Contact Numbers

| | |
|--|---------------------------------|
| Pharmacy Help Desk | Non-DoD TRICARE: 1-800-922-1557 |
| General inquiries regarding claims processing, claims adjustments should be directed to: | DoD TRICARE: 1-877-363-1304 |

| | |
|----------------------------------|----------------|
| Network Contracting & Management | 1-888-571-8182 |
|----------------------------------|----------------|

Step 4: Complete Claim Inquiry – Pharmacy information automatically populates

| Pharmacy | |
|----------------------|----------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |
| Phone Number | Fax Number |
| <input type="text"/> | <input type="text"/> |
| Email | |
| <input type="text"/> | |
| NPI# | |
| <input type="text"/> | |

| Patient | |
|---|----------------------|
| Cardholder Id | Group Number |
| <input type="text" value=" "/> | <input type="text"/> |
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |
| Date Of Birth | |
| <input type="text" value="MM/DD/YYYY"/> | |

Step 5: Complete form and Submit

Patient

Cardholder Id

Group Number

First Name

Last Name

Date Of Birth

Claim

Reason
Reprocess Claim – Reject 81 Claim Too Old

Rx #

Date of service

Claim


Reason
Reprocess Claim – Reject 81 Claim Too Old

Rx #

Date of service

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

Claim Inquiry

 Thank you. Your request is being processed.

Pharmacy

| | | | |
|--------------|---|------------|----------------------|
| First Name | <input type="text" value="MTF UBO Staff Data will be here."/> | Last Name | <input type="text"/> |
| Phone Number | <input type="text"/> | Fax Number | <input type="text"/> |
| Email | <input type="text"/> | | |
| NPI# | <input type="text"/> | | |

- 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

| | | FY17-18 (24 Months) | FY19-20 (15 Months) | Increase \$\$ |
|---|--------------------------------|------------------------|------------------------|------------------|
| | Collections Over \$100K | | | |
| 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!!**

Insurance Carrier

Overview Details

Carrier Insurance

Carrier ID: Carrier Name: Carrier Type:

Date Entered: Status: CHCS Host DMIS:

Activation Date: Inactive Date: Inactivation Source:

Master Carrier ID: Tax ID:

Details

Carrier Coverage Type Carrier Addresses Electronic Billing Data Carrier Web Addresses Carrier Fax Numbers Carrier Call Centers Carrier C

1 of 1

| Coverage Type | Coverage Status | Payer Billing Type | Effective Date | Termination Date | Description |
|---------------|-----------------|--------------------|----------------|------------------|-------------|
| RX | Standard | B | 01/01/2000 | | CAREMARK |



Carrier Coverage Type | Carrier Addresses | **Electronic Billing Data** | Carrier Web Addresses | Carrier Fax Numbers | Carrier

1 of 1

| Carrier Department | Payer Id | PCN Number | BIN Number |
|------------------------|----------------|------------|------------|
| Electronic Billing/... | CAREMARK004336 | VACLM | 004336 |

Electronic Billing Data

Add/Update

Carrier ID: Carrier Department:

Effective Date: Termination Date:

Electronic Payer ID: PCN Number: BIN Number:

Description:

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

| Carrier Insurance | | | |
|-------------------|------------|---------------|--------------|
| Carrier ID | CARAZ0055 | Carrier Name | CVS CAREMARK |
| Date Entered | 07/02/2014 | Status | Standard |
| Activation Date | 01/01/2000 | Inactive Date | // |
| Master Carrier ID | CARAZ0021 | Tax ID | |

- 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!**

Insurance Carrier

Overview Details

Carrier Insurance

Carrier ID: AETAZ0007
 Date Entered: 09/06/2013
 Activation Date: 01/01/2000
 Master Carrier ID: [Dropdown]

Carrier Name: AETNA PHARMACY MAN
 Status: Standard
 Inactive Date: / /
 Tax ID: [Text Box]

Carrier Type: [Dropdown]
 CHCS Host DMIS: 0052
 Inactivation Source: [Text Box]

Details

Carrier Coverage Type Carrier Addresses Electronic Billing Data Carrier Web Addresses Carrier Fax Numbers Carrier Call Centers Carrier C

1 of 1

| Coverage Type | Coverage Status | Payer Billing Type | Effective Date | Termination Date | Description |
|---------------|-----------------|--------------------|----------------|------------------|---------------------------|
| RX | Standard | B | 01/01/2000 | | AETNA PHARMACY MANAGEMENT |

Electronic Billing Data

Electronic Billing Data Add/Update

Carrier ID: AETAZ0007
 Effective Date: 01/01/2000
 Electronic Payer ID: AETNA PHARM [Dropdown]

Carrier Department: Electronic Billing/EI [Dropdown]
 Termination Date: / /
 PCN Number: VACLM
 BIN Number: 610502

- 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



CVS Health

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

We want your feedback! [Click here to complete a brief survey.](#)

- “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

Plan Member Search [?](#)

Below are the results of your search. Select the specific plan member record you're looking for to obtain detailed coverage and benefit information.

Plan Member ID [?](#) - [?](#)

OR

Last Name [?](#) First Name [?](#)

OR

Med D MBI/HICN [?](#)

The following fields are optional.

Date of Birth / / (mm/dd/yyyy) [?](#)

Carrier [?](#) Account [?](#) Group [?](#)

You can hover over truncated fields (fields ending with ...) to see the complete value.

One Plan Member found: Page 1

| Name | C-A-G | Plan Member ID | Alternate ID | DOB | Sex | Effective Date | Term Date | Eligibility Status | MBI/HICN | GCR |
|-----------------------------|----------------------|-----------------------------|-----------------------------|-----|------|----------------|------------|--------------------|----------|----------------------|
| [Truncated] | 1412-FEDHO-GEHA00... | [Truncated] | [Truncated] | | M... | 08/01/2019 | 12/31/2099 | Active | ... | View |

One Plan Member found: Page 1

Export As: [HTML](#) | [CSV](#) | [EXCEL](#)

- 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 for details.

[Show All](#)

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

| <u>Relationship</u> | <u>Name</u> | <u>Member ID</u> | <u>Effective From Date</u> | <u>Effective Thru Date</u> | <u>Effective Date Status</u> | <u>Eligibility Status</u> |
|---------------------|-------------|------------------|----------------------------|----------------------------|--------------------------------------|---------------------------|
| CARDHOLDER | [Redacted] | [Redacted] | 08/01/2019 | 12/31/2099 | A | Active |
| CARDHOLDER | [Redacted] | [Redacted] | 02/01/2019 | 07/31/2019 | T | Active |
| CARDHOLDER | [Redacted] | [Redacted] | 05/15/2016 | 01/31/2019 | T | Active |
| CARDHOLDER | [Redacted] | [Redacted] | 01/10/2016 | 05/14/2016 | T | Active |
| CARDHOLDER | [Redacted] | [Redacted] | 01/01/2015 | 01/09/2016 | T | Active |
| SPOUSE | [Redacted] | [Redacted] | 01/10/2016 | 05/14/2016 | T | Active |
| SPOUSE | [Redacted] | [Redacted] | 08/01/2019 | 12/31/2099 | A | Active |
| CHILD | [Redacted] | [Redacted] | 01/01/2015 | 12/31/2014 | I | Inactive |
| CHILD | [Redacted] | [Redacted] | 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](#)

| | | | |
|----------------------------|--|---------------------------------|---|
| Last Name: [REDACTED] | First Name [REDACTED] | Middle Initial: L | Effective Date Status: A |
| 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

```
2/21/2019 12:43 PM FileName: RXDODT19.DOD0220N12.DT022119.TM000608.txt  
[SYSTEM] For Prescription: 600 [REDACTED] DOS: 20190131  
CVS ClaimNbr: 1905 [REDACTED] COB_Indicator: 01  
Payment: .00
```

- “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] | [REDACTED] | [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: | [REDACTED] |
| 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
 Address:
 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 - 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

- Supplementary Claim Information

Original Paid Submitted 02/20/2019
 Date:

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

```

8/5/2019 10:38 AM FileName: RXDODT19.DOD0802N12.DT080219.TM230323.txt
[SYSTEM] For Prescription: [REDACTED]: 20190717
CVS ClaimNbr: 19[REDACTED] COB_Indicator: 01
Payment: .00

8/5/2019 10:38 AM FileName: RXDODT19.DOD0802N12.DT080219.TM230323.txt
[SYSTEM] For Prescription: [REDACTED]: 20190717
CVS ClaimNbr: 19[REDACTED] COB_Indicator: 01
Payment: .00
  
```

Claim Search [?](#)

To find a Claim select a category and enter criteria. Select Search when complete. Select Clear Form to reset.

Select Search for Claims by Category

Claim Number *


| Claim Number |
|-------------------------------|
| Carrier / Submit Date |
| Member ID / Fill Date |
| Member ID / Carrier / Account |
| Member ID / Pharmacy |

Claim Search Results


One Record found: Page 1

| Claim Number | Rx Number | Fill Date | Pharmacy ID | Refill | Status | Paid Count | Reject Count | Reverse Count | Captured Count |
|--------------|-----------|------------|-------------|--------|--------|------------|--------------|---------------|----------------|
| 1921 | | 07/17/2019 | 0549610 | 03 | Paid | 1 | 0 | 0 | 0 |

- Shows paid \$\$

Pricing Transactions 


Select Claim Options

Pricing Transactions 

- 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)

Pharmacy Transmission 

- Claim Details
- Pricing Transactions
- Pharmacy Transmission**
- DUR/PPS Detail
- Additional Information
- COB Other Payer Info
- Manual Adjustments
- Smart PA Log Details

- Payment Information Details

| | Paid |
|--------------------|---------|
| Date posted | |
| Transaction Number | |
| Check Number | 1124581 |
| Reimbursement Type | |
| Amount Paid | 315.77 |
| Check Amount | |
| Batch Number | |
| EFT Trace Number | |

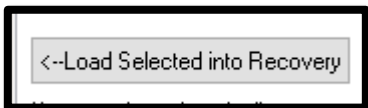
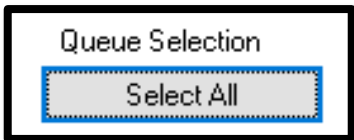
- ABACUS EOB – Ledger Posting

| | 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 |

- **CVS Staff Works**- 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



| Level 1 | Level 2 | Level 3 | Count | Placed |
|---------|--------------|----------|-------|-------------|
| Payora | Grouping | | | |
| detail | Payora | | Count | Placed |
| + | CURRY | | 1 | |
| ▶ | CVS CAREMARK | | 3,976 | |
| | detail | Grouping | Count | Placed |
| + | RAR-01 | | 18 | \$4,744.57 |
| + | RAR-04 | | 618 | \$74,330.12 |
| + | RAR-06 | | 22 | \$2,282.26 |

- RAR 01 04 06 Grouping

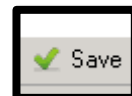
Active
 11.90
 0.00
 0.00
 \$11.90

Grouping: RAR-04
 Pull Date: 1/29/2019
 Resolution: None
 Working Carrier: Primary

Notes | Status
 Add Add From... View All Clipboard Save Cancel

1/15/2019 5:38 AM [SYSTEM] FileName: RXDODT19.DOD0111N27.DT011219.TM032035.txt
 For Prescription: P8650984 DOS: 20180523
 CVS ClaimNbr: 183123566743018 COB_Indicator: 01
 Reject Code1: 04 M/I Processor Control Number
 Reject Code2: 06 M/I Group ID
 Reject Code3: 01 M/I Bin Number

UB04 Entry
 NOTE: This bill has not been processed.
 Payer ID or BIN: 610029



UB04 Entry
 Payer ID or BIN: 004336

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

| FL1 thru FL30b | | FL31A thru FL41 | | FL42 thru FL49 (Charges) | | FL50 | |
|----------------|------|--------------------------|--|--------------------------|------|------|--|
| Occurrence | | | | | | | |
| | Code | Date | | | Code | | |
| 31A | 11 | 5/23/2018 | | 31B | | | |
| 32A | | | | 32B | | | |
| 33A | | | | 33B | | | |
| 34A | | | | 34B | | | |
| Locator 38 | | | | | | | |
| CARAZ0055 | | | | | | | |
| Carrier Id | | Carrier Name | | | | D | |
| ZURTX0001 | | ZURICH INSURANCE COMPANY | | | | C | |
| ZURTX0002 | | ZURICH INSURANCE | | | | C | |

- **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).

| Pharmacy Charge Detail per Line Item | | | | | | | | | |
|--------------------------------------|-------------|---------------------------|-----|-------------|-------------|-------------|----------|--------------|--------------|
| RX Number | NDC Search | NDC Description | | | NDC Unit | Quantity | NDC Cost | Total Amount | |
| H10007879 | 00178061001 | UROCIT-K 10 MEQ TABLET SA | | | | 180 | 1.08 | 196.40 | |
| Strength | Days Supply | Fill Fee | DAW | Fill Number | Dosage Form | Refill Flag | PA Type | PA Number | Auth Refills |
| | 90 | 2.00 | 3 | 3 | TS | | | | |

Note: Blue arrows in the original image point to a checkmark in the top left and the DAW field.

- **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

```
6/7/2019 12:07 AM FileName: RXDODT19.DOD0605N27.DT060519.TM231118.txt  
[SYSTEM] For Prescription: P8839709 DOS: 20190516  
CVS ClaimNbr: 191560980300015 COB_Indicator: 01  
Reject Code1: 70 Product/Service Not Covered – Plan/Benefit Exclusion
```

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

- Bill #1: Generic brand is dispensed

| Pharmacy Charge Detail per Line Item | | | | | | | | | | |
|--------------------------------------|-------------|----------------------------|-----|-------------|-------------|-------------|----------|-----------|--------------|--|
| RX Number | NDC Search | NDC Description | | | | NDC Unit | Quantity | NDC Cost | Total Amount | |
| P8839709 | 00024585530 | AVALIDE 150-12.5 MG TABLET | | | | | 90 | 0.41 | 38.90 | |
| Strength | Days Supply | Fill Fee | DAW | Fill Number | Dosage Form | Refill Flag | PA Type | PA Number | Auth Refills | |
| | 90 | 2.00 | | 1 | TA | | | | | |

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

| Pharmacy Charge Detail per Line Item | | | | | | | | | | |
|--------------------------------------|-------------|--------------------------------|-----|-------------|-------------|-------------|----------|-----------|--------------|--|
| RX Number | NDC Search | NDC Description | | | | NDC Unit | Quantity | NDC Cost | Total Amount | |
| P8839709 | 71205006330 | IRBESARTAN-HCTZ 150-12.5 MG TB | | | | | 90 | 0.41 | 38.90 | |
| Strength | Days Supply | Fill Fee | DAW | Fill Number | Dosage Form | Refill Flag | PA Type | PA Number | Auth Refills | |
| | 90 | 2.00 | | 1 | TA | | | | | |

Note: A blue arrow points to the 'X' icon in the top right corner of the form header.

- **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)

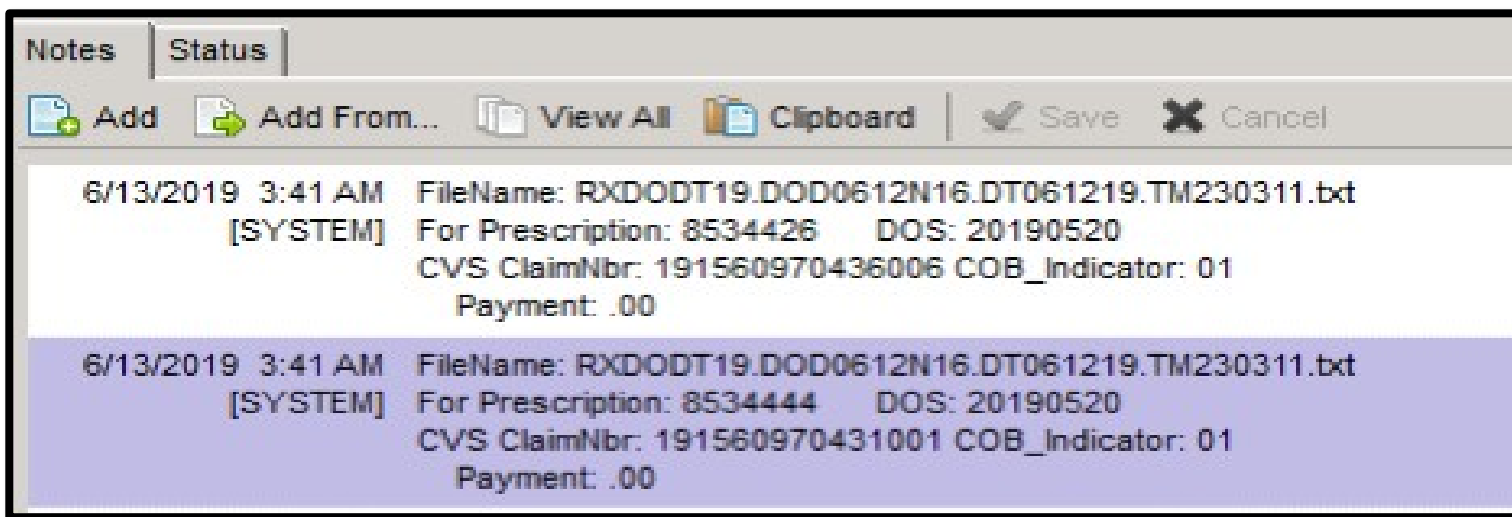
- **RAR 79** * Refill Too Soon
 - Apply W09 – Unless incorrect

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

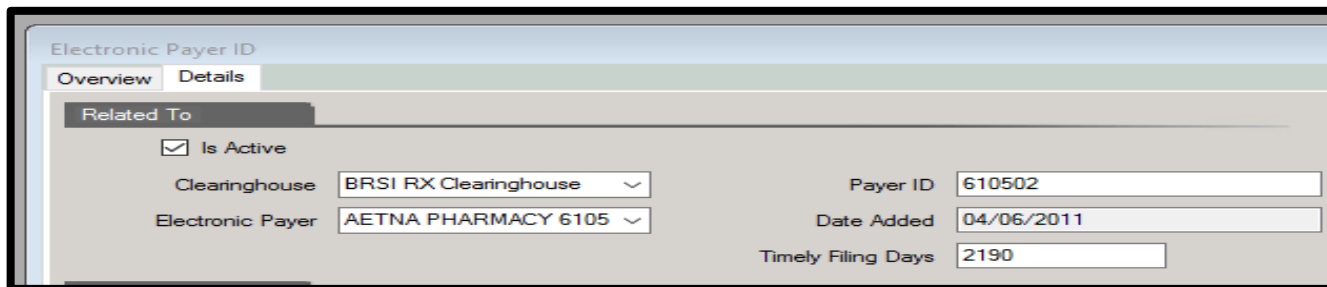
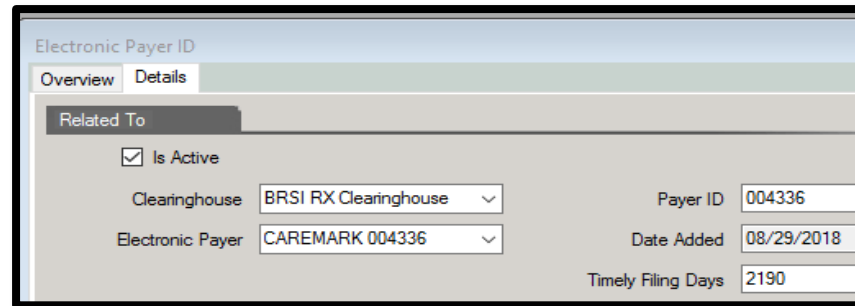
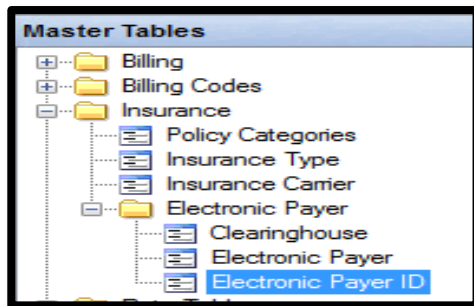
- **RAR 85** * Claim Not Processed COB (Coordination of Benefits)
 - Verify with patient if there is other OHI

- **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)



1 of 1

| Payer Code | Group Number | PCN Number | Active Date |
|------------|--------------|------------|-------------|
| 610502 | *ANY | VACLM | 06/01/2013 |

- 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

Report Criteria

Report: ELECTRONIC VALIDATION REPORT - NCPDP

LOB: ALL | All LOBs

Date(s): 12/ 1/2019 to 12/13/2019

- 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

| UB04 Admit Date | Discharge Date | Primary Payer |
|-----------------|----------------|--------------------|
| 3/23/2017 | 3/23/2017 | CAREMARK MAILHANDI |
| 3/23/2017 | 3/23/2017 | CAREMARK MAILHANDI |
| 3/23/2017 | 3/23/2017 | CAREMARK MAILHANDI |

| | |
|----------------|------------------------|
| Ser Num: | 3 |
| Created on: | 9/25/2019 10:52:26 PM |
| Batch Date: | 10/29/2019 12:48:07 AM |
| Transmit Date: | 10/29/2019 12:48:12 AM |
| Reprint Date: | 12/12/2019 9:14:59 AM |

- Locator 1/2 Set – up

| FL1 thru FL30b | FL31A thru FL41 | FL42 thru FL49 (Charges) | FL50 thru FL62 | FL63 thru FL |
|--------------------|-----------------|--------------------------|----------------|--------------|
| Locator 1 | | Locator 2 | | |
| NH OKINAWA | | NH OKINAWA | | |
| PSC 482 BOX 250 | | 1 BOONE RD CODE 08RAZD | | |
| FPO, AP, 963620200 | | BREMERTON, WA 98312-1898 | | |

- Locator 56/57 Set – up

| FL50 thru FL62 | FL63 thru FL75 | FL76 thru FL81 | | | |
|----------------|------------------------|-----------------|----------------|-----------------|-----------------|
| ID | Release Information | Assign Benefits | Prior Payments | Est. Amount Due | 56. NPI |
| ▼ | Yes, Release Allowed ▼ | Yes, Assigned ▼ | | 332.00 | 8045468 |
| ▼ | ▼ | ▼ | | | 57 Qfr Other ID |
| ▼ | ▼ | ▼ | | | ▼ 8045468 |

- 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

Questions?



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