

# Rx Billing

## Express Scripts/CVS Caremark/Aetna Rx

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

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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. The 'The Drill' tab is active, displaying a hierarchical tree view of error statistics. The tree is expanded to show the following data:

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

On the right side, the 'Queue Selection' panel is visible, showing a list of error types with checkboxes:

- CHCS\_CONV\_
- CIV In-Denial
- CIV In-FLUP
- CIV In-Process
- CIV In-Reject
- CIV Out-Denial
- CIV Out-FLUP

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

Save  Cancel  Queue  Assignment  MCase

Facility: [Redacted] Loaded From Account Lookup  
 LOB: [Redacted]

Patient Information | Insured | Placement Information | Account Information

Control # [Redacted]  
 Name(F/L) [Redacted]  
 SSN [Redacted]  
 Policy # [Redacted]  
 DOB [Redacted]  
 RP Name [Redacted]  
 Employer [Redacted]

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

(EXPKY0004) 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

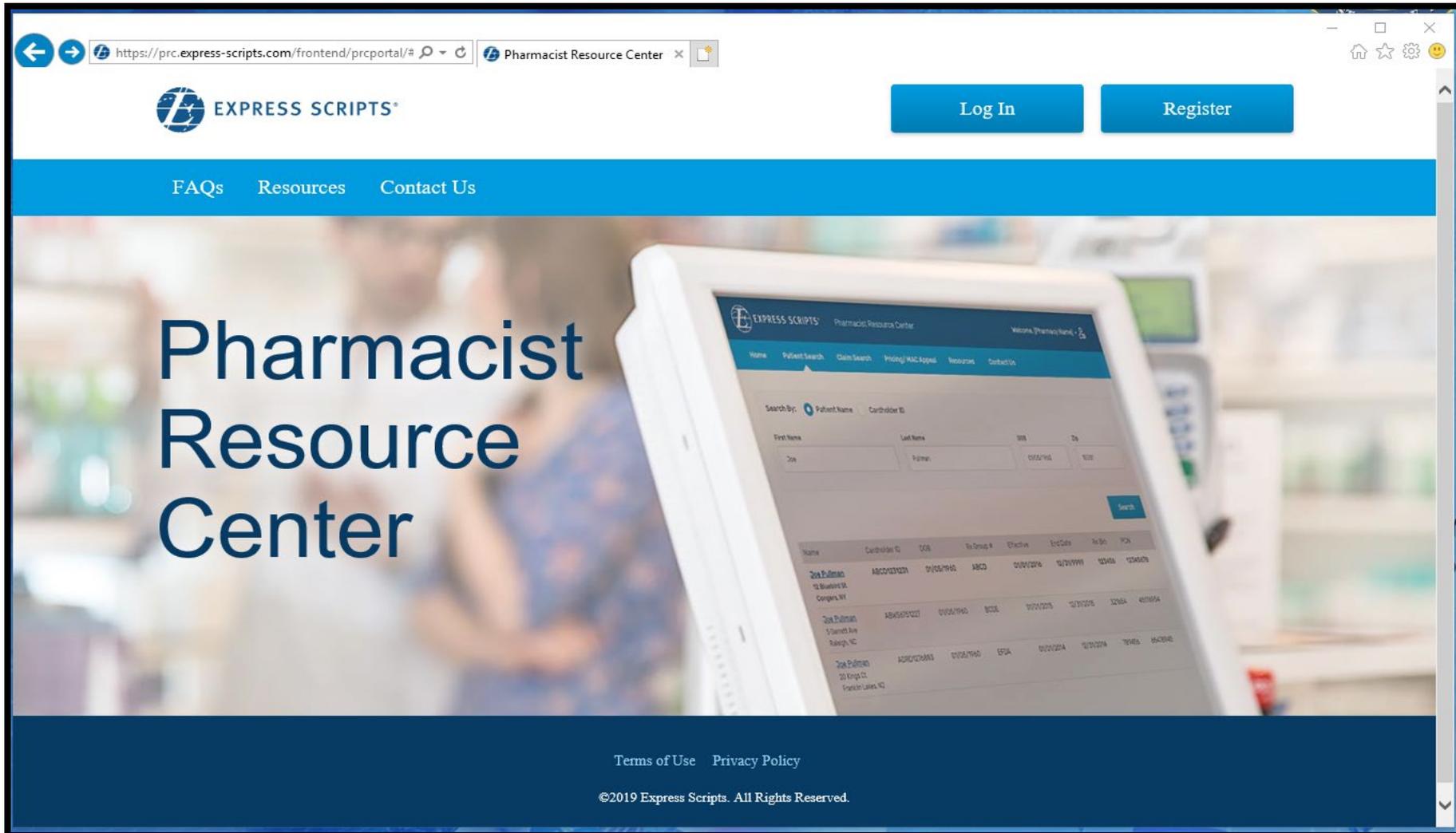
Notes | Status

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



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

EXPRESS SCRIPTS®

Log In Register

FAQs Resources Contact Us

# Pharmacist Resource Center

EXPRESS SCRIPTS® Pharmacist Resource Center Welcome, Pharmacist Name

Home Patient Search Claim Search Pricing/ABC Apped Resources Contact Us

Search By: Patient Name Carholder ID

First Name Last Name DOB TX

Joe Patient 01/02/1960 1002

Search

Name	Carholder ID	DOB	IN Group #	Effective	Exp Date	IN ID	PCN
Joe Pullman 12 Bluebird St Cary, NC	ABC123456	01/02/1960	ABC	01/01/2016	12/31/2019	12345	1234567
Joe Pullman 5 Sunset Ave Raleigh, NC	ABC678901	01/02/1960	BCD	01/01/2016	12/31/2016	12345	456789
Joe Pullman 20 Kings Ct Fayetteville, NC	ABC123456	01/02/1960	EDA	01/01/2016	12/31/2016	78901	543210

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## Step 2: Select “Contact Us”

The screenshot shows a web browser window with the URL <https://prc.express-scripts.com/frontend/prcport/>. The page title is "Pharmacist Resource Center" and the user is logged in as "NAVAL HOSPITAL-BREMERTON". The navigation bar includes links for Home, Patients, Claims, Pricing/MAC Appeal, Resources, and Contact Us. The "Contact Us" link is highlighted in green. Below the navigation bar, the page content includes a welcome message, three main service tiles (Patient Search, Claim Search, Pricing/MAC Appeal), and two sections for Pharmacy Matters and Recent Messages. The footer contains links for Terms of Use and Privacy Policy, and a copyright notice for 2019 Express Scripts.

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

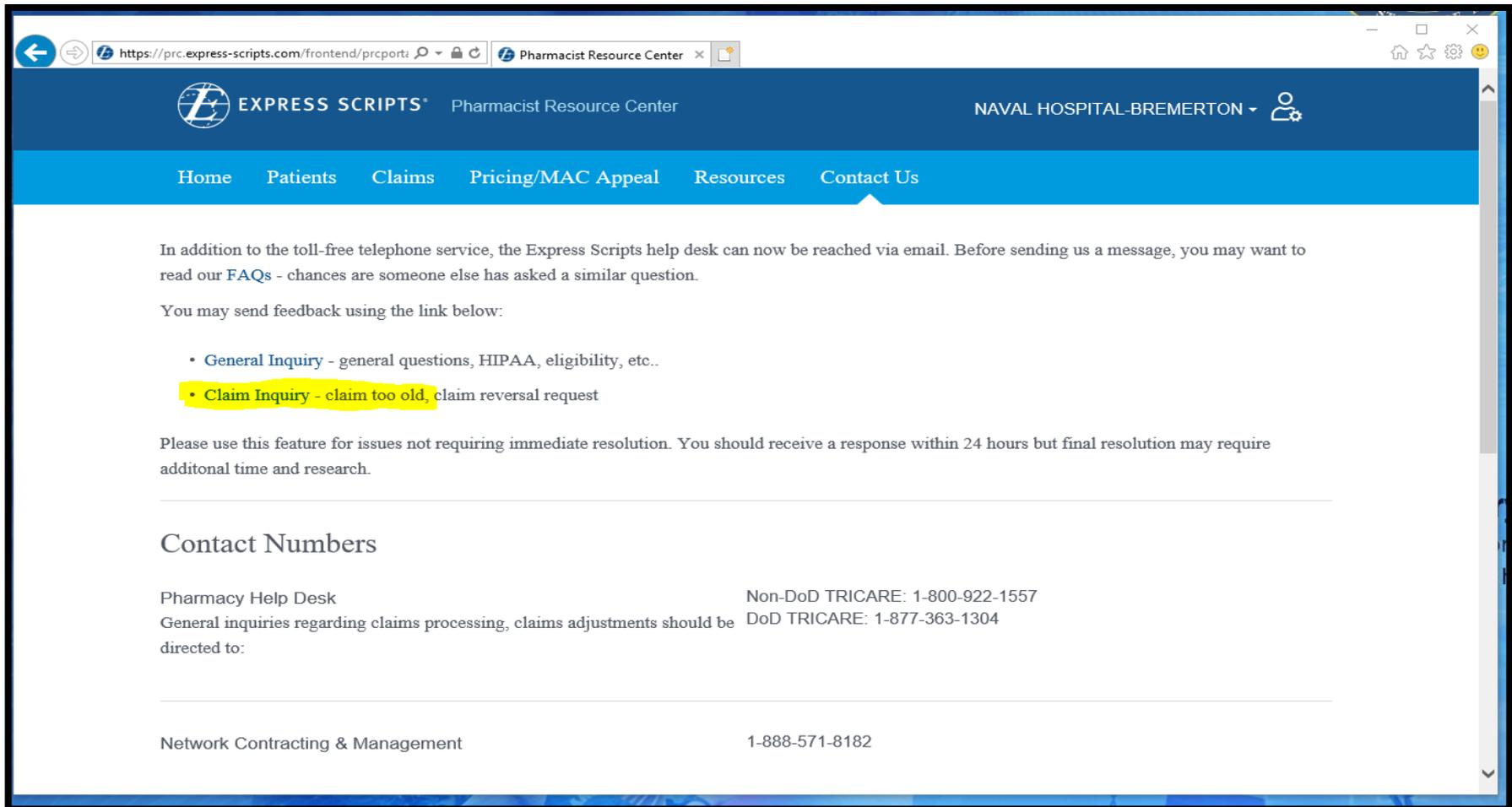
**Pharmacy Matters**  
October 30, 2019  
[View Archive](#)

**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

Rx #

Date of service

**Claim**

Reason

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 \$\$
	<b>Collections Over \$100K</b>			
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 Carrier Name: AETNA PHARMACY MAN Carrier Type: [v]  
 Date Entered: 09/06/2013 Status: Standard CHCS Host DMIS: 0052 [v]  
 Activation Date: 01/01/2000 Inactive Date: / / Inactivation Source: [v]  
 Master Carrier ID: [v] Tax ID: [v]

Details

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

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

Electronic Billing Data

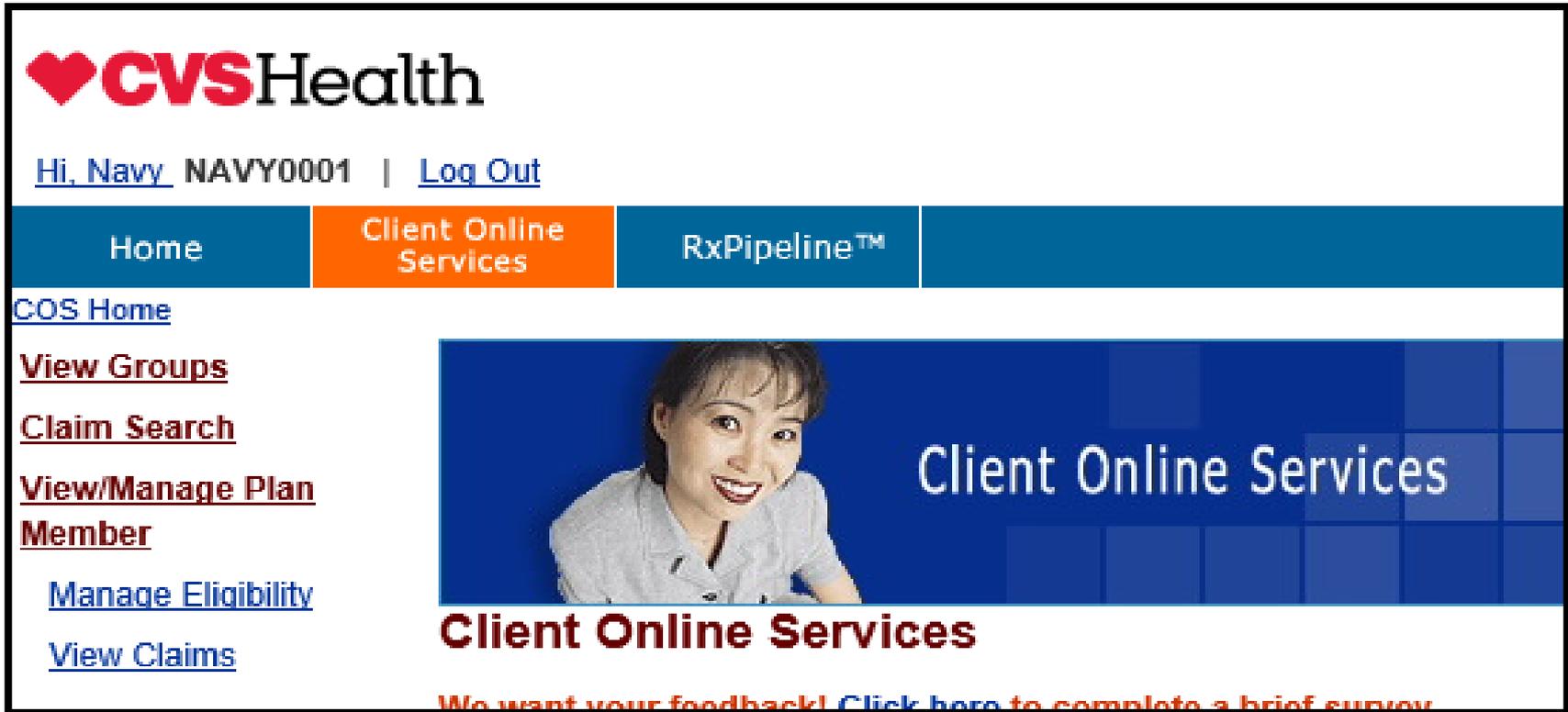
Electronic Billing Data Add/Update

Carrier ID: AETAZ0007 Carrier Department: Electronic Billing/EI [v]  
 Effective Date: 01/01/2000 Termination Date: / /  
 Electronic Payer ID: AETNA PHARM [v] 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
<a href="#">[Truncated]</a>	1412-FEDHO-GEHA00...	<a href="#">[Truncated]</a>	<a href="#">[Truncated]</a>		M...	08/01/2019	12/31/2099	Active	...	<a href="#">View</a>

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

<a href="#">Relationship</a>	<a href="#">Name</a>	<a href="#">Member ID</a>	<a href="#">Effective From Date</a>	<a href="#">Effective Thru Date</a>	<a href="#">Effective Date Status</a>	<a href="#">Eligibility Status</a>
CARDHOLDER	[Redacted]	[Redacted]	08/01/2019	12/31/2099	<span style="color: green;">A</span>	Active
CARDHOLDER	[Redacted]	[Redacted]	02/01/2019	07/31/2019	<span style="color: red;">T</span>	Active
CARDHOLDER	[Redacted]	[Redacted]	05/15/2016	01/31/2019	<span style="color: red;">T</span>	Active
CARDHOLDER	[Redacted]	[Redacted]	01/10/2016	05/14/2016	<span style="color: red;">T</span>	Active
CARDHOLDER	[Redacted]	[Redacted]	01/01/2015	01/09/2016	<span style="color: red;">T</span>	Active
SPOUSE	[Redacted]	[Redacted]	01/10/2016	05/14/2016	<span style="color: red;">T</span>	Active
SPOUSE	[Redacted]	[Redacted]	08/01/2019	12/31/2099	<span style="color: green;">A</span>	Active
CHILD	[Redacted]	[Redacted]	01/01/2015	12/31/2014	<span style="color: red;">I</span>	Inactive
CHILD	[Redacted]	[Redacted]	02/01/2019	01/31/2019	<span style="color: red;">I</span>	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: <span style="color: green;">A</span>
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: <span style="color: blue;">N/A</span>	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](#) <sup>?</sup>

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

45 Claims found, displaying all Claims. Page 1

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

**Claim Details** <sup>?</sup>

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:	<a href="#">68180037703</a>	Product Name:	LOSARTAN POTASSIUM 50MG TABLET

- Still not enough information

**Payment Information** [?](#)

Select Claim Options

**- 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	

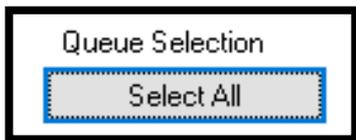
- ABACUS EOB – Ledger Posting

	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	
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

The screenshot shows a software interface with a form on the right and a notes section at the bottom. The form fields are:

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

The notes section contains the following text:

1/15/2019 5:38 AM FileName: RXDODT19.DOD0111N27.DT011219.TM032035.txt  
[SYSTEM] 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

Blue arrows point from the 'Grouping' field to the 'Notes' section.

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	UROKIT-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				

- **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.”

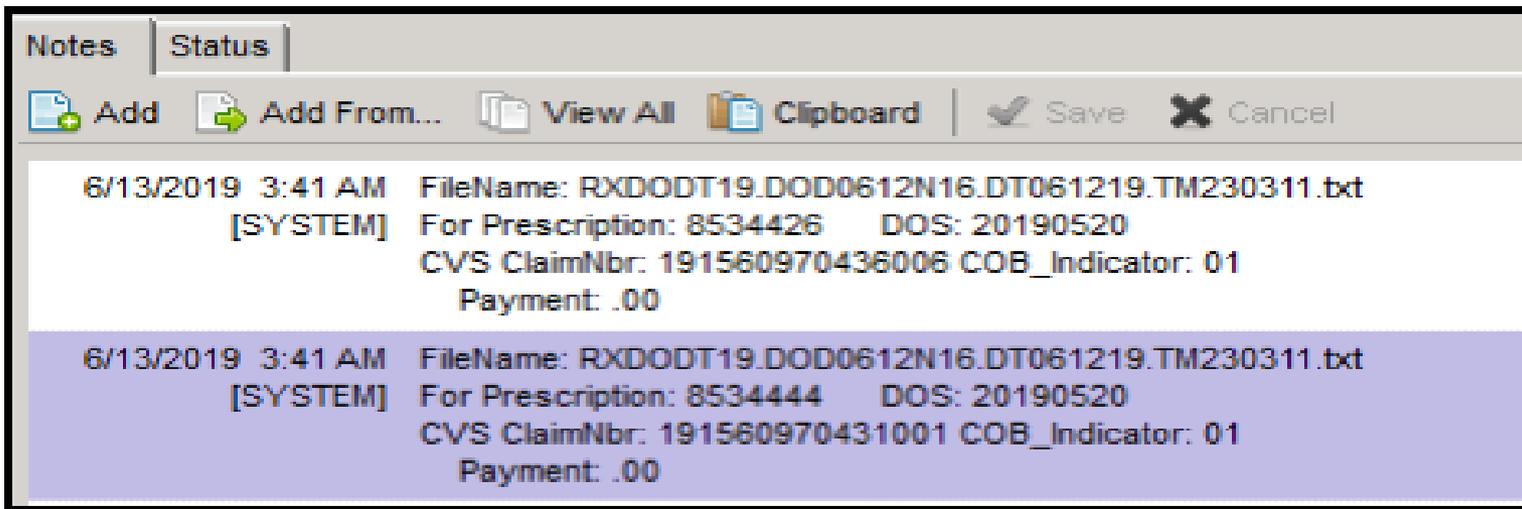
Pharmacy Charge Detail per Line Item										
RX Number	NDC Search	NDC Description				NDC Unit	Quantity	NDC Cost	Total Amount	
P8839709	71205006330	IRBESARTAN-HCTZ 150-12.5 MG TB					90	0.41	38.90	
Strength	Days Supply	Fill Fee	DAW	Fill Number	Dosage Form	Refill Flag	PA Type	PA Number	Auth Refills	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

- **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

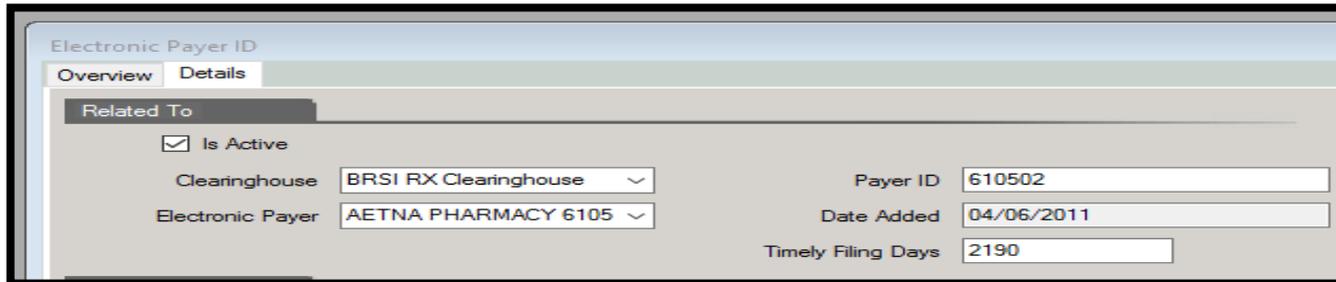
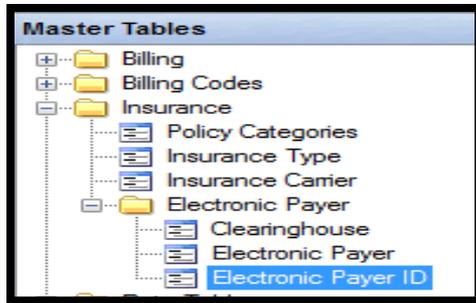
- **RAR 77** \* Discontinued Product Service ID Number
  - Contact pharmacy for current NDC
    - Create Bill #2 (add to Excel)
  
- **RAR 79** \* Refill Too Soon
  - Apply W09 – Unless incorrect
  
- **RAR 83** \* Previously Paid
  - Verify posted in ABACUS, if not is there a missing EOB/Check
  
- **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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