# Compass MED D - Single Transaction Coordination of Benefits (STCOB) Tips and Reminders

[General Information](#_Toc152064220)

[Tips and Reminders](#_Toc152064221)

[Frequently Asked Questions](#_Toc152064222)

[Log Activity](#_Toc152064223)

[Resolution Time](#_Toc152064224)

[Related Documents](#_Toc152064225)

**Description:** Use to determine if a beneficiary is a Single Transaction Coordination of Benefits (STCOB) client.

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| General Information |

Occasionally, the MED D beneficiary will be covered under more than one type of benefit plan. MED D CCRs should utilize the CIF and this job aid to determine if the beneficiary is an STCOB Client to research claims in **Compass**.

* STCOB beneficiaries do not need to take any action to have their benefits coordinated. This is set up on their behalf by their plan and their employer.
  + STCOB allows for integration of benefits which are payable under more than one plan into one transaction at the pharmacy. Benefits from all sources should not exceed 100% of the total charges.
  + STCOB beneficiaries receive only one ID card. This one ID card will provide coverage for both their Medicare D and the employer provided commercial benefits.

 If unable to assist the beneficiary, the Med D CCR will contact the Assist Line for additional support in working toward a first call resolution. Refer to the [Compass Med D - Resolution of Eligibility (062827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cba9d073-9e46-4d90-b86f-4566793c40f3)work instruction.

[Top of the Document](#_top)

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| Tips and Reminders |

The following will assist the CCR when addressing STCOB issues:

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| From the **Financial Details Tab** on the **Claims** tab (Claims Landing Page),the CCR can | * View Dispense as Written (DAW) penalties and deductible charged on the secondary account if any. * View the amount the secondary plan paid on the claim. * View rejection reasons that occurred on the secondary account. |
| **MED D & Medicaid Dual Demographics STCOB** | This program will use the STCOB process in place today, with MED D as primary and Medicaid as secondary.   * It will only apply if CVS Caremark has a contract with both clients (**Example**: the beneficiary has two profiles in **Compass**, one for their MED D coverage and one for Medicaid). * **Compass** will display a new field = **Dual Demo Eligible** on the **General** tab from the **Claims Details** on the Claims Landing Page view (not the **Mail Order History** tab).   + This field will apply **ONLY** to Medicare D and Medicaid STCOB claims.   **Note:** For Commercial and traditional STCOB claims, this field will be blank.   * The valid Dual Payer values will be:   + **Y** - The claim paid/rejected under the primary plan and paid under secondary with no reduced cost sharing.   + **Y - Cost Share** - The claim paid/rejected under the primary plan and paid under secondary with reduced cost sharing.   + **Blank** - The claim paid/rejected under primary plan and the secondary was not set as Dual Demo.   **Note:** The **Medicaid Dual Demo** fieldwill display whether the beneficiary is **Dual Demo or** is **Not Dual Demo**.  **How to identify a beneficiary with STCOB:**   * Review the beneficiary’s additional coverage on the Member Snapshot Landing Page by clicking the **View Additional** hyperlink in the **Coverage** field. * If there is View Additional with a hyperlink, then the beneficiary has STCOB. * The hyperlink will open the alternate account, allowing you to switch between the primary and secondary accounts. * When quoting information such as drug coverage and pricing, order status and refills, CCRs must ensure they are working within the beneficiary’s primary account. * The primary account will always be a SilverScript (SSI) sponsored account. The Client Code will always start with (X9---). |
| **Deductible and Other Accumulations** | * To determine how much the beneficiary’s deductible is or to view any other accumulations **DO NOT VIEW THE PRIMARY ACCOUNT BALANCES**. * Log into the beneficiary’s Enhanced Wrap Benefit and click the **Accumulations** hyperlink in the Quick Actions menu on the Member Snapshot Landing Pagetab to view the deductible and other accumulations, such as max out of pocket. |
| **DAW (Dispense as Written) Penalties & High Co-pays** | * DAW penalties are **ALWAYS** charged on the **SECONDARY ACCOUNT**. * If there is a high co-pay for a claim, click on the claim located on the **Claims** tab of the Claims Landing Page to view **Financial Details** for **Med D Financials** to see if a DAW penalty or deductible may have been charged.      * When performing test claims for brands with generics available, **ALWAYS** change the **DAW** field in the test claim to either **DAW 1** or **DAW 2** to get the correct co-pay.     **Result:** |
| **EGWP Accounts: Explaining to Beneficiaries** | The following are tips on how to respond to inquiries from beneficiaries on common EGWP account scenarios:  **Scenario 1:** The drug was not covered on primary (Med D) but was covered on the Enhanced Wrap Benefit.   * + If a drug is not covered on the primary, it might be covered on the Enhanced Wrap Benefit. To quote an accurate copay, you must click on the price link or Details button on the Test Claim screen.   + An example of drug category that this scenario applies to is ED Drugs (other drug categories may apply).   **Scenario 2:** Drug requires a PA or has Quantity Limits   * To determine if a drug requires PA or has a Quantity Limit:   + Run a test claim and click on Details, then View Financial Details, and then click on the View Supplemental Financials button in PeopleSafe to find the beneficiary’s copay.   1. Review Settlement/Reject Code descriptions, making sure to check the response on the Enhanced Wrap Benefit.  2. If a drug is rejected on the Primary, it may still pay on the Enhanced Wrap Benefit.   * If the drug has a PA or quantity limit that is Not covered on the Enhanced Wrap Benefit, then a Coverage Determination can be filed. Refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=044a0a49-8050-4303-98a7-edf9cfda6065).   **Scenario 3:** B vs. D rejection   * If the drug is determined to be Part B (meaning the PA was denied), the drug will be covered by the STCOB Enhanced Wrap Benefit.   + For a list of EGWP clients that allow for a part B override, refer to [PHD MED D –SilverScript EGWP Yes Client Coverage Determination Process](CMS-PRD1-093169) * If the drug is determined to be Part D (meaning the PA was approved), the drug will be covered on both the Primary and Enhanced Wrap Benefit.   + The following are examples of B vs. D medications: * Nebulizer Inhalation Solutions (NEB), such as Albuterol   + - Immunosuppressants (IMM), such as Prograf     - Oral Antiemetic (EME), such as Zofran     - Humulin R-500 (INF)   **Note:** A transition fill is not available for a drug that is rejected for B vs. D determination. The coverage determination must be done to determine how the plan will pay for the drug. Refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=044a0a49-8050-4303-98a7-edf9cfda6065). |

[Top of the Document](#_top)

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| Frequently Asked Questions |

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| **Question from Beneficiary** | **Answer from CCR** |
| Why is the medication I received not showing on my Explanation of Benefits (EOB)? | The medication is not reflecting on your EOB because the Medicare portion of your plan did not pay. However, this does not mean that the medication is not covered. The medication is covered by your Employer on the secondary plan. |
| Why did I receive a coverage denial letter for my medication if it was approved? | The medication was denied on the Medicare portion of your plan. CMS requires us to provide documentation of that denial. However, this does not mean that the medication is not covered. The medication is covered by your Employer on the secondary plan. |

[Top of the Document](#_top)

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| Resolution Time |

Information = Immediate

[Top of the Document](#_top)

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| Related Documents |

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

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