**Compass MED D –** **Medicare Prescription Payment Plan Guidelines**

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**Description:** This document provides information regarding the Medicare Prescription Payment Plan.

**** CMS has provided guidance that the Medicare Prescription Payment Plan should NOT be abbreviated when speaking to members about the program. The program may be referred to as M3P or MPPP in the Compass system, but these acronyms should NOT be used with members.

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| General Information |

Beneficiaries may contact Customer Care with questions regarding the Medicare Prescription Payment Plan. CCRs should review the following information with beneficiaries.

 I’m happy to review the information with you at this time.

**What’s the Medicare Prescription Payment Plan?**

The Medicare Prescription Payment Plan is a payment option that works with current drug coverage to help beneficiaries manage their out-of-pocket Medicare Part D drug costs by spreading them across the plan year.

Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D. Beneficiaries may opt-in or opt-out of the program at any time during the plan year.

If beneficiaries select this payment option, each month they’ll continue to pay their plan premium (if they have one), and they’ll get a bill from their health or drug plan to pay for their prescription drugs (instead of paying the pharmacy). All plans offer this payment option and participation is voluntary. It doesn’t cost anything to participate in the Medicare Prescription Payment Plan, and beneficiaries won’t pay any interest or fees on the amount they owe, even if their payment is late.

**How will costs work with this payment option?**

The new prescription drug law caps out-of-pocket costs at $2,100 in 2026. This means beneficiaries will never pay more than $2,100 in out-of-pocket drug costs in 2026. This is true for everyone with Medicare drug coverage, even if they don’t join the Medicare Prescription Payment Plan. When they fill a prescription for a drug covered by Part D, they won’t pay their pharmacy (including mail-order and specialty pharmacies). Instead, they’ll get a bill each month from their health or drug plan. Their monthly bill is based on what they would have paid for any prescriptions they get, plus the previous month’s balance, divided by the number of months left in the year.

**Note:** Payments might change every month, so beneficiaries might not know what their exact bill will be ahead of time. Future payments might increase when they fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs get added into their monthly payment, there are fewer months left in the year to spread out remaining payments.

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| Likely to Benefit |

Beneficiaries are most likely to benefit from participating in the Medicare Prescription Payment Plan if they have high drug costs earlier in the plan year. Although beneficiaries can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives them more months to spread out their drug costs.

This payment option may **not** be the best choice if:

* + Yearly drug costs are low.
  + Drug costs are the same each month.
  + They’re considering signing up for the payment option late in the plan year.
  + They don’t want to change how they pay for their drugs.
  + They get or are eligible for Extra Help from Medicare.
  + They get or are eligible for a Medicare Savings Program.
  + They get help paying for their drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

The Likely to Benefit Notice and information regarding the Medicare Prescription Payment Plan will be distributed as follows:

* On an annual basis, if their Part D out-of-pocket drug costs are greater than $2,100, they will receive a Likely to Benefit Notice with a Medicare Prescription Payment Plan Participation Request Election Form and a CMS Fact Sheet.
* During the plan year, if an individual Part D drug out-of-pocket is $600 or greater, they will receive the Likely to Benefit notice at the pharmacy.
* If they enroll in a new Part D plan, the plan will include a Likely to Benefit Notice and a Medicare Prescription Payment Plan Participation Request Election Form with enrollment material, which includes their Member ID Card.
* The Likely to Benefit Notice applies to retail, mail, and specialty pharmacies, and through Caremark Mail Order.
* The notice will be sent via the member's communication preference.

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| Requests to Opt-In Prior to Eligibility Availability |

A beneficiary can opt-in to the Medicare Prescription Payment Plan when eligibility is available in the system. Refer to [Compass MED D – Opt-In Process for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=55182d9e-d465-4f33-9b83-b3132110c86b).

* If a beneficiary is requesting to enroll prior to 2026 plan eligibility being available, the beneficiary can self-enroll using their plan’s website or call back when their eligibility is available.

I am unable to find active Part D prescription coverage that qualifies for participation in the Medicare Prescription Payment Program. If you believe this is a mistake, please contact your health plan for assistance (offer to warm transfer if plan number is available in CIF). When we receive updated records, you can self-enroll using the plan’s website or call back to opt-in.



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| Opt-In Process |

A beneficiary may call to opt-in to the Medicare Prescription Payment Plan:

* A beneficiary may call saying they received a phone call.
  + The phone call may be confirming that they are opted in to the Medicare Prescription Payment Plan.
  + The phone call may be a request for information on an incomplete application. Refer to [Request for Information (RFI)](#_Request_for_Information).
* A beneficiary may call saying that they have already sent in a request to opt-in to the program, but they have not received a letter saying that they are in the program or participating.

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| **Step** | **Action** | |
| **1** | Review the Compass **M3P Summary** screen to confirm if the member is currently opted into the program.  **Note:** Select the appropriate Line of Eligibility prior to submitting an opt-in request. | |
| **If...** | **Then...** |
| Yes | Confirm with the member that they are opted-in to the Medicare Prescription Payment Plan. Ask if they have any additional questions about the program. |
| No | Proceed to **Step 2**. |
| **2** | Would you like to opt in to the payment program at this time? | |
| **If...** | **Then...** |
| Yes | I’m happy to process the request at this time.  Refer to [Compass MED D – Medicare Prescription Payment Plan - Opt In Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=55182d9e-d465-4f33-9b83-b3132110c86b).  **Note:** If the beneficiary indicates they would like to opt-in at a later time, refer them to the Self-Service Member Portal. |

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| Retail Pharmacy Claims |

A beneficiary or pharmacy may call stating they are being charged up front for their cost share but are enrolled in the Medicare Prescription Payment Program:

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| **Step** | **Action** |
| **1** | Verify/validate that the beneficiary is active in Medicare Prescription Payment Plan and the claim submitted by the pharmacy received a **057** code. |
| **2** | If you have the member on the line, make outreach to the pharmacy and provide the following instructions:   1. If a Part D enrollee is opted into the Medicare Prescription Payment Plan – the pharmacy will receive a code **057** in the **NCPDP Field # 548-6F**. 2. In the **Medicare Claim Response**, the pharmacy will get the COB details (BIN/PCN/GRP/ID) in the other payer segment. 3. The pharmacy must use the **Other Payer-Patient Responsibility (OPPR) NCPDP COB** process to apply the coverage.    * Medicare Prescription Payment Plan COB processing only supports the **Other Coverage Code (OCC)** of **08**. |
| **3** | Once the pharmacy enters the COB properly, the member should have a $0 up front cost. |

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| Request for Information (RFI) |

Medicare Prescription Payment Plan election requests may not contain the required information:

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| **Step** | **Action** |
| **1** | When the beneficiary calls saying they received a RFI notice that there is missing information to process their Medicare Prescription Payment Plan election request:  The CCR will access OneClick to review the RFI notice that was sent to the beneficiary to determine the missing information that is required.  Image I’ll be happy to help you. Can you confirm you would like opt-in to the Medicare Prescription Payment Plan?  Refer to [Compass MED D - Medicare Prescription Payment Plan - Request for Information and Denial Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b1cbda1-21e3-4630-8780-97ab64f44878). |

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| Denial Process |

For Medicare Prescription Payment Plan election requests that have been denied due to:

* Missing information was not received within the required timeframe (21 days)

Follow the steps below:

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| **Step** | **Action** |
| **1** | When the beneficiary calls saying they received a denial notice for their Medicare Prescription Payment Plan election request.   * The CCR will access OneClick to review the denial notice that was sent to the beneficiary to determine the reason for the denial. * The CCR will review the reason for denial with the beneficiary and offer to opt in while on the phone. * Refer to [Compass MED D - Medicare Prescription Payment Plan - Request for Information and Denial Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b1cbda1-21e3-4630-8780-97ab64f44878). |

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| Low-Income Subsidy (Extra Help) Interaction with the Medicare Prescription Payment Plan |

An LIS beneficiary may call Care to understand if the Medicare Prescription Payment Plan will lower drug costs:

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| **Step** | **Action** |
| **1** | The Medicare Prescription Payment Plan helps to manage your costs, it doesn’t lower your costs.  **CCR Note:** For beneficiaries that are receiving Extra Help, you must do a thorough review of their costs to determine if this will benefit the beneficiary over the course of the year.  **LIS Example:**   * This example demonstrates how the maximum monthly cap would be calculated for a participant who receives Extra Help. They have already opted into the Medicare Prescription Payment Plan. The participant has LIS 1. The participant goes to the pharmacy in January 2026 to fill four generic prescriptions with copays of $4.50 each ($18.00 total). Because these are low-cost generic drugs, the individual does not reach the annual OOP threshold in 2026. * The plan will bill $18.00 for January. * If the beneficiary remains LIS-eligible and continues to fill their four prescriptions each month through the remainder of the year, their monthly participant payment would update as shown below. * The beneficiary will be paying more than their monthly copays during the final four months of the year.      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Month** | | **OOP Costs Incurred** | **Maximum Monthly Cap** | | **Monthly Participant Payment** | | January | | $18.00 | $166.67 | | $18.00 | | February | | $18.00 | $1.64 | | $1.64 | | March | | $18.00 | $3.44 | | $3.44 | | April | | $18.00 | $5.44 | | $5.44 | | May | | $18.00 | $7.69 | | $7.69 | | June | | $18.00 | $10.26 | | $10.26 | | July | | $18.00 | $13.26 | | $13.26 | | August | | $18.00 | $16.85 | | $16.85 | | September | | $18.00 | $21.36 | | **$21.36** | | October | | $18.00 | $27.35 | | **$27.35** | | November | | $18.00 | $36.36 | | **$36.36** | | December | | $18.00 | $54.35 | | **$54.35** | | **TOTAL** | **$216.00** | | | **$216.00** | |   In this example, the beneficiary would **not** be likely to benefit from enrolling in the Medicare Prescription Payment Plan. |
| **2** | For any LIS beneficiary requesting to enroll in the Medicare Prescription Payment Plan, use the Forecast Tool to determine if they would benefit from enrolling in the plan.  Refer to the **Viewing Payment Schedule and Estimating Future Payment Amounts (Forecast)** section of [Compass MED D - Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20). |
| **3** | There are a number of limited-income and resource programs. You may review these to find out if you are eligible.  Refer to:   * [MED D - Low Income Subsidy (LIS) Informational Overview](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39c4d667-eb19-4bde-9ec0-bdcda34aa0dd) * [Member Cannot Afford Medication (Alternatives and Financial Assistance)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) * [Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc) * [Aetna Compass - Member Cannot Afford Medication (Alternatives and Financial Assistance)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a77ff19c-ab58-4967-be5e-0a7dd12fd0bc) * [Aetna Med D - Low Income Subsidy (LIS/LICS) Levels / Copay](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5f760f9-1f93-4902-acd6-6751b7c8dcd6) * [Aetna Med D - Low Income Subsidy (LIS/LICS) FAQs](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fb43d17d-9e37-43a4-b522-c098f15449c3) |

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| Voluntary Opt-Out Process |

A beneficiary may call Care to voluntarily opt-out of the Medicare Prescription Payment Plan:

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| **Step** | **Action** | |
| **1** | Would you like to opt out of the payment program at this time? | |
| **If...** | **Then...** |
| Yes | I’m happy to process the request at this time.  Refer to [Compass MED D – Medicare Prescription Payment Plan - Opt Out Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=94484802-8236-4d0d-8574-6b957c4ecdc9). |

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| Involuntary Termination (Failure to Pay) and Re-Opt In Process |

A beneficiary may call Care because they have received a notice explaining they have been involuntarily terminated from the Medicare Prescription Payment Plan for non-payment of billing amounts:

* They don’t understand why they received a notice.
* They say they signed up for auto-pay.
* They don’t agree with having an outstanding balance.
* They want to continue participating in the Medicare Prescription Payment Plan program, and they agree to pay the balance due.

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| **Step** | **Action** | |
| **1** | Confirm the beneficiary’s reason for calling. | |
| **If...** | **Then...** |
| They don’t understand why they received a termination notice. | Look up the termination notice in OneClick and review it with the beneficiary. |
| They say they signed up for auto-pay.  They don’t agree with the balance owed on the notice and/or they believe they paid the billing amount due. | If they have further questions, signed up for auto-pay, or dispute the balance owed, refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) - **Billing Exception Support Task**. |
| They want to pay the past due billing amount and they want to continue to participate in the Medicare Prescription Payment Plan program. | To process the payment, refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) - **Making One-Time Payments** section.  To re-opt the beneficiary into the program, refer to [Compass MED D – Opt-In Process for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=55182d9e-d465-4f33-9b83-b3132110c86b). |

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| Forecasting |

A beneficiary may call Care with questions about estimated payment amounts on their Medicare Prescription Payment Plan:

* Questions on an estimated billing amount, based on claims (forecasting)

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| **Step** | **Action** | |
| **1** | What questions do you have regarding the estimated monthly billing amounts? | |
| **If...** | **Then...** |
| Questions on the estimated monthly billing amounts | I’m happy to request a forecast.  Refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20). |

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| Grievances |

If a member expresses dissatisfaction with the Medicare Prescription Payment Plan: CVS Caremark will use standard grievance processes in relation to grievances filed regarding the Medicare Prescription Payment Plan.

Refer to [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)  or [Aetna Compass Med D – Oral and Written Grievances](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=288795ad-cf63-40c1-ab3c-9f1cb4cc8ed9).

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| Billing |

A beneficiary may call Care with questions on their Medicare Prescription Payment Plan billing:

* Questions on the amounts on their invoice
* Questions disputing billing amounts on the invoice

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| **Step** | **Action** | |
| **1** | What questions do you have regarding the invoice? | |
| **If...** | **Then...** |
| Questions on the amounts on their invoice | I’m happy to answer your questions.  Refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20). |

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| Payment |

Beneficiaries may call Care with questions on their Medicare Prescription Payment Plan payments.

* They can provide their preferred payment method, such as:
  + Bank Account/EFT
  + Credit/Debit Card

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| **Step** | **Action** | |
| **1** | What questions do you have regarding the invoice? | |
| **If...** | **Then...** |
| The beneficary wants to provide a bank account for their preferred payment method | Please provide the name of your bank and the routing number.  Refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20). |
| The beneficary wants to provide a credit or debit card for their preferred payment method | The CCR must request a private line to obtain credit card information.  Refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20). |

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| Claims |

Beneficiaries may call Care with questions on their Medicare Prescription Payment Plan claims:

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| **Step** | **Action** | |
| **1** | What questions do you have regarding claims? | |
| **If...** | **Then...** |
| * Questions related to the claims included on the invoice * Questions on cost-sharing for claims | I’m happy to answer your questions.  Refer to:   * [Compass - Transmission Details](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=15a3a36d-242f-4de3-924b-d28ac690d894) * [Compass - Reverse Transmission CCR Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=05e19ecb-3da9-435d-945e-c1a7b3587706) * [Aetna Compass - Retail Claim (Transmission) Reversals](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cdbdf32d-26ad-405a-9724-2a0ece0dad91) |

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| Retroactive Opt-In Processes |

Beneficiaries may call Care to request a retroactive opt-in based on the following:

* Part D sponsor fails to process an election within 24 Hours
* Payment Plan Election for Urgent Need of Medicare prescription

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| **Step** | **Action** | |
| **1** | Confirm the beneficiary’s reason for calling. | |
| **If...** | **Then...** |
| The beneficiary or account management contacts the CCR saying that the election request to opt-in was not processed within 24 hours | Let me help you with those questions.  Refer to [Compass MED D - Opt-In Process for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=55182d9e-d465-4f33-9b83-b3132110c86b). |
| The beneficiary is calling to say they had to fill an Urgent Need medication |

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| Reimbursement |

Beneficiaries may call Care to request a reimbursement for claims processed after the opt-in request but prior to the Medicare Prescription Payment Plan being active.

 Do not advise the beneficiary to submit a paper claim for reimbursement.

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| **Step** | **Action** | |
| **1** | Confirm the beneficiary’s reason for calling. | |
| **If...** | **Then...** |
| The beneficiary contacts the CCR requesting reimbursement of a copay processed after the opt-in request but prior to the Medicare Prescription Payment Plan being active. | I’m happy to review the options for reimbursement.  Refer to [Compass MED D – Reimbursement for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6304a130-5c25-4528-95fc-6f310b12b409). |
| The beneficiary contacts the CCR requesting reimbursement of a claim processed at least 24 hours after the election request was made, but prior to the Medicare Prescription Payment Plan being active (Delayed Opt-in). | I’m happy to research the claim.  Refer to [Compass MED D – Reimbursement for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6304a130-5c25-4528-95fc-6f310b12b409). |

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| FAQs |

Refer to the following Frequently Asked Questions:

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| **#** | **Question** | **Answer** |
|  | How does it work? | When you fill a prescription for a drug covered by Part D, you won’t pay your pharmacy (including mail order and specialty pharmacies). Instead, you’ll get a bill each month from your health or drug plan.  Even though you won’t pay for your drugs at the pharmacy, you’re still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.  This payment option might help you manage your monthly expenses, but it doesn’t save you money or lower your drug costs. |
|  | When can a beneficiary opt-in to the program? | A beneficiary can opt-in to the Medicare Prescription Payment Plan when their plan eligibility is available in the system. |
|  | How is my monthly bill calculated? | Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month’s balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.  **Note:** Depending on the beneficiary’s claim activity, the first invoice the beneficiary receives after opting-in may be higher than other months. The first invoice is not evenly divided between the balance and the months remaining in the plan year.  The first monthly payment is calculated differently than the rest of the months in the plan year. The first payment will be **the lesser of**:   * **Maximum Possible Payment Calculation:** The remaining out-of-pocket balance (TrOOP) after deducting any costs already paid (before joining the plan) divided by the number of months left in the plan year. * **Actual Cost:** The out-of-pocket cost paid for the covered drug that month, if not enrolled in the payment plan.   See examples in the CMS Fact Sheet. Refer to [Medicare Prescription Payment Plan Fact Sheet](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20724dfe-82ec-40aa-95d5-2059a2aaf28c).  Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.    In a single plan year, you’ll never pay more than:   * The total amount you would have paid out of pocket to the pharmacy if you weren’t participating in this payment option. * The Medicare drug coverage annual out-of-pocket maximum ($2,100 in 2026).   The prescription drug law caps your out-of-pocket drug costs at $2,100 in 2026. This is true for everyone with Medicare drug coverage, even if you don’t participate in the Medicare Prescription Payment Plan. |
|  | When is my monthly payment due? | Invoices are generated on the 3rd of the month with a due date of the 25th of the month. |
|  | Will this help me? | It depends on your situation. Remember, this payment option might help you manage your monthly expenses, but it doesn’t save you money or lower your drug costs. You’re most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the plan year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs.  This payment option may not be the best choice for you if:   * Your yearly drug costs are low. * Your drug costs are the same each month. * You’re considering signing up for the payment option late in the plan year. * You don’t want to change how you pay for your drugs. * You get or are eligible for Extra Help from Medicare. * You get or are eligible for a Medicare Savings Program. * You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage. |
|  | How do I sign up? | * For **Expanded Services** plans, the CCR can take the opt-in request over the phone or direct the beneficiary to the plan website.     I can take your opt-in request at this time or you can opt-in via the plan website.   * For **No Expanded Services** plans, the CCR should direct the beneficiary to the plan website to opt-in. Refer to the CIF for additional instructions.   Please check your plan’s website to opt-in.   * + **CCR Note:** Include any additional instructions from the CIF. |
|  | Can you assist me with filling out the Medicare Prescription Payment Plan Participation request form to mail in? | I can assist with your opt-in request.  **CCR Note:** Refer to [Med D - Medicare Prescription Payment Plan Participation Request Form](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2985fe05-5e23-4c7b-9593-5162428075d3). |
|  | What happens after I sign up? | Once we review your participation request, we’ll send you a letter confirming your participation in the Medicare Prescription Payment Plan. Then:   1. When you get a prescription for a drug covered by Part D, your plan will automatically let the pharmacy know that you’re participating in this payment option, and you won’t pay the pharmacy for the prescription. Even though you won’t pay for your drugs at the pharmacy, you’re still responsible for the costs. If you want to know what your drug will cost before you take it home, ask the pharmacist or contact us directly. 2. Each month, we will send you a bill with the amount you owe for your prescriptions, when it’s due, and information on how to make a payment. You’ll get a separate bill for your monthly plan premium (if you have one). |
|  | Can I receive another copy of my letter? | Reprints of the following letters can be requested:   * Notice of Election Approval * Notice of Involuntary Termination * Notice of Voluntary Termination * Request for Additional Information * Notice of Reinstatement * Notice of Denial   Create an M3P Opt-In/Opt-Out Support Task for this request. Select **Exception Reason** as “Other.” Indicate the letter being requested for reprint in the comments. |
|  | How do I pay my bill? | Your monthly Medicare Prescription Payment Plan invoice and your confirmation letter will include information about how to pay your bill. |
|  | What happens if I don’t pay my bill? | You’ll get a reminder from us if you miss a payment. If you don’t pay your bill by the date listed in that reminder, you’ll be removed from the Medicare Prescription Payment Plan. You’re required to pay the amount you owe, but you won’t pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. If you’re removed from the Medicare Prescription Payment Plan, you’ll still be enrolled in your Medicare health or drug plan.  Always pay your health or drug plan monthly premium first (if you have one), so you don’t lose your drug coverage.  Call us directly if you think there is a mistake about your Medicare Prescription Payment Plan bill. |
|  | How do I leave the Medicare Prescription Payment Plan? | You can contact us at any time to leave the Medicare Prescription Payment Plan.  Leaving won’t affect your Medicare drug coverage and other Medicare benefits.  Keep in mind:   * If you still owe a balance, you’re required to pay the amount you owe, even though you’re no longer participating in this payment option. * You can choose to pay your balance all at once or be billed monthly. * You’ll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan. |
|  | What happens if I change health or drug plans? | If you leave your current plan, or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in the Medicare Prescription Payment Plan will end.  Contact your new plan if you’d like to participate in the Medicare Prescription Payment Plan again. |
|  | What programs can help lower my costs? | I can review the saving programs that may be available to you.  Refer to:   * [MED D - Low Income Subsidy (LIS) Informational Overview](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39c4d667-eb19-4bde-9ec0-bdcda34aa0dd) * [Member Cannot Afford Medication (Alternatives and Financial Assistance)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) * [Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc)   **Additional Resources:**   * **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit [ssa.gov/medicare/part-d-extra-help](https://www.ssa.gov/medicare/part-d-extra-help) to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit [Medicare.gov/ExtraHelp](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more. * **Medicare Savings Programs**: State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/basics/costs/help/medicare-savings-programs) to learn more. * **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.medicare.gov/plan-compare/#/pharmaceutical-assistance-program/states?year=2024&lang=en) to learn more. * **Manufacturer’s Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.medicare.gov/plan-compare/#/pharmaceutical-assistance-program?year=2024&lang=en) to learn more. * Many people qualify for savings and don’t realize it. Visit [Medicare.gov/basics/costs/help](https://www.medicare.gov/basics/costs/help) or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/). |
|  | **SilverScript Only:** My plan year starts on July 1st (non-calendar year NYC EGWP plan), and I would like to opt-in to Medicare Prescription Payment Plan.   * These beneficiaries will be noted as **Non-Participating** in Compass | You will be able to opt-in to Medicare Prescription Payment Plan when your plan provides eligibility to CVS Caremark.  **CCR Note:**   * NCY plans are low cost-share and beneficiaries are NOT likely to benefit. * Ensure the beneficiary understands the program and still wants to participate. * You will not be able to process opt-in within Compass. * Submit an **M3P - Opt In/Opt Out Exception** Support Task. Refer to [Compass MED D – Opt-In Process for Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=55182d9e-d465-4f33-9b83-b3132110c86b) . |
|  | Why are my **Part B** drugs not covered under the Medicare Prescription Payment Plan? | The Medicare Prescription Payment Plan is limited to covered Part D drugs.   * Beneficiaries who elect to participate in the Medicare Prescription Payment Plan, applies to Part D drugs only. If beneficiaries pick up a Part D drug and a Part B drug on the same order, their Part B drug may be charged an amount greater than $0 for non-Part D medications at the point-of-sale and will be charged $0 for covered Medicare Part D drugs. * Pharmacies will submit all claims to the Medicare Part D plan’s designated BIN/PCN (claim transaction routing identifiers), where non-Part D covered products may still result in a Paid response (e.g., MA-PD plans that cover Part B drugs, or enhanced Part D coverage that covers non-Part D drugs). |
|  | When documenting a call related to the Medicare Prescription Payment Plan, which scenario should be selected? | * In Compass, the **Med D Prescription Payment Plan** trending event should be used when documenting a phone call related to the program. * For PeopleSafe, the activity code is available under the **Call Type Medicare**; **Activity Code 1332- MED D PRESCRIPTION PYMT PLAN**.   Refer to [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) or [Aetna Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) |
|  | What if the beneficiary expressed dissatisfaction with the program? | Follow the process to file a grievance. Refer to [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3) or [Aetna Compass Med D – Oral and Written Grievances](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=288795ad-cf63-40c1-ab3c-9f1cb4cc8ed9).  **Grievance Category:** Plan Benefits |
|  | Is my plan enrolled in the program? | Refer to the [Compass MED D - View Medicare Prescription Payment Plan Tab](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1499eb51-644e-43c0-8889-8b6e05759669) to determine the Participation Status and Service Type. |
|  | Is information about the program available in the web portal? | Yes, please refer to your plan website for additional information.  **CCR Note:** If there are questions about the Portal Enrollment process, refer to [Caremark.com Medicare Prescription Payment Plan – Member Portal Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dcabb015-1927-48bf-8057-fe6915882304). |
|  | My drug manufacturer (**Example:** Pfizer) has advised me that I have to opt-in to the Medicare Prescription Payment Plan to receive financial assistance for my medication. | You are not required to opt-in to the program. CMS has advised that this program is optional for all beneficiaries. If you have questions about the financial assistance for the medication, please contact the drug manufacturer directly. However, if you would like to participate in the program, we can process this for you at any time. |
|  | **Pharmacy Calls Only:** The pharmacy received a reject on a Multi-Ingredient Compound (MIC) Claim submitted to the Medicare Prescription Payment Plan. | If a pharmacy receives a reject for a non-covered ingredient on a MIC claim submitted to Medicare Prescription Payment Plan where the Medicare Part D MIC claim paid:  Pharmacies should continue to submit Submission Clarification Code (SCC) (NCPDP field #42Ø-DK) value of “8” to bypass the reject for the non-covered ingredient.  The rejects would be for non-covered ingredients with reject codes 21, 77, or 54. |
|  | Will I need to re-enroll each year or what happens at the end of a plan year? | For beneficiaries who opted-in to the Medicare Prescription Payment Plan in 2025, your Part D plan will automatically renew their participation in the program for 2026 and future years **unless you opt out**.   * Beneficiaries do not need to reapply each year. Their participation continues unless they notify the plan that they want to leave the program.   **Note:** If a beneficiary changes their Medicare Part D plan, their Medicare Prescription Payment Plan, participation **will not carry over**. The beneficiary must opt-in again with the new plan to continue participating.   * Beneficiaries can choose to opt-out at any time. Participation is not mandatory. |

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| Medicare Prescription Payment Plan Definitions |

Refer to the following:

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| **Term** | **Definition** |
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| **Annual OOP Threshold** | The annual OOP cost threshold is $2,100 for 2026. For subsequent years, the annual OOP threshold will be calculated in accordance with the Act. |
| **Billing Period** | The calendar month, or the portion of a calendar month, in which OOP costs were incurred, beginning either on the effective date of a Part D enrollee’s participation in the Medicare Prescription Payment Plan (for the first month a participant elects into the program during the plan year) or the first day of the month (for each subsequent month or for the first month of a participant who elects into the program prior to the start of the plan year), and ending on the last date of that month. |
| **Covered Part D Drug** | A Part D drug that is included in a Part D plan's formulary or treated as being included in a Part D plan's formulary as a result of a coverage determination or appeal and obtained at a network pharmacy or an out-of-network pharmacy. |
| **Incurred Costs**  (As used in the description of the first month’s maximum cap calculation) | For the first month’s maximum cap calculation of the Part D cost sharing incurred by the Part D enrollee within the plan year, it includes those Part D cost sharing amounts that are incurred prior to effectuation of an election into the Medicare Prescription Payment Plan, including all TrOOP-eligible costs, regardless of payer. If election into the program occurs mid-month, this would include Part D costs incurred within the calendar month of election but prior to election. |
| **Number of Months Remaining in the Plan Year** | The count of calendar months remaining in the plan year, including the current reference month (e.g., for a calendar year plan, the months remaining in the calculation for the January maximum cap would be 12). |
| **Out-of-Pocket (OOP) Costs** | For the Medicare Prescription Payment Plan, out-of-pocket costs refers to the amount the Part D enrollee is directly responsible for paying. For the subsequent month calculation of the Part D cost sharing incurred by the Part D enrollee, it includes those Part D cost sharing amounts that the enrollee is responsible for paying after taking into account amounts paid by third-party payers. Specifically, this does not include the covered plan pay amount or other TrOOP-eligible amount(s), such as any amount paid by potential third-party payers, such as State Pharmaceutical Assistance Programs or charities. |
| **Patient Pay Amount** | Patient Pay Amount refers to the NCPDP Telecommunication Standard response pricing segment field “Patient Pay Amount” |
| **Remaining OOP Costs Owed by the Participant** | In subsequent months in which the participant is active in the Medicare Prescription Payment Plan, the remaining OOP costs owed by the participant are the sum of OOP costs incurred under the Medicare Prescription Payment Plan, but not yet billed to the program participant. For example, if a Medicare Prescription Payment Plan participant incurs $2,100 in January and is billed $175, the remaining OOP costs are $2,100 - $175= $1,925. |
| **Supplemental Drug** | A supplemental drug is based on other benefit coverage for a beneficiary. It is not included in the Medicare Prescription Payment Plan, and the beneficiary would be responsible for the copay at the pharmacy for the supplemental drug. |
| **TrOOP Accumulator** | The TrOOP Accumulator is a value Part D sponsors maintain in real time in order to adjudicate a Part D enrollee’s claim in the correct benefit phase. The TrOOP Accumulator is the sum of the enrollee’s incurred costs for the benefit year known immediately before the Part D sponsor begins adjudication of an individual claim. |

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| Related Documents |

[Compass MED D - View Medicare Prescription Payment Plan Tab](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1499eb51-644e-43c0-8889-8b6e05759669)

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

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