**Compass MED D – Medicare Prescription Payment Plan – Request for Information and Denial Process**

[Request for Information (RFI)](#_Toc176437272)

[Denial Process](#_Toc176437273)

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**Description:** This document provides information on Medicare Prescription Payment Plan election requests that require missing information or have been denied.

**** 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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| Request for Information (RFI) |

For Medicare Prescription Payment Plan election requests that do not contain the required information, the process is below.

**Note:** Part D sponsors consider a form complete if it has the beneficiary’s first name and last name, Medicare number, signature to attest they understand the Part D plan terms and conditions.

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| **Step** | **Action** | |
| **1** | When the beneficiary calls saying that they received a written notice that there is missing information to process their Medicare Prescription Payment Plan election request:  I’ll be happy to help you. Can you confirm you would like opt-in to the Medicare Prescription Payment Plan? | |
| **If...** | **Then...** |
| Yes | Proceed to Step 2. |
| No | Ask if the beneficiary has any other benefit questions. |
| **2** | From the Member Snapshot Landing Page, navigate to the **Quick Actions** panel, then click the **Medicare Prescription Payment Plan (M3P)** hyperlink.  **Result:** **M3P Summary** tab displays. | |
| **3** | Click the **M3P Communications** hyperlink in the Quick Actions panel to access [ONEclick](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c) and locate the document.  Click the hyperlink to view the document and determine what information is missing from the election form. | |
| **4** | Create a Support Task to assist the beneficiary with missing information for Medicare Prescription Payment Plan election:  From the **Case Data** panel, click the **Create Support Task** button.  **Result:** New Support Task: Support Task screen displays.  Only the beneficiary, Appointed Representative (AOR) or Power of Attorney (POA) may submit a Support Task for the Medicare Prescription Payment Plan election. Verbal authorization from the beneficary is acceptable.  **Note**: For assistance with creating a new Support Task, refer to your line of business specific ‘Create a Support Task’ work instruction. | |
| **5** | Select **Type:** M3P – Opt In or Opt Out Exception   * Complete all required fields marked with an asterisk (\*).   **Issue Information (Med D)** section:    **Requested Effective Date:** Enter the original requested effective date  **Transaction Type:** Opt In  **Exception Reason:** RFI Response  **Notes:** Include the information that is missing from the original election form as stated in the Notice.  Click **Save.** | |
| **6** | Read the following **Opt In Confirmation** text to the beneficiary:  The Medicare Prescription Payment Plan is a voluntary program that allows you to spread your out-of-pocket costs for covered Part D drugs across the remaining months of the plan year. The program does not affect your total prescription cost. Any applicable plan premiums are billed and should be paid separately from your Prescription Payment Plan billing statement. By opting in to the program, you (or your authorized representative) are indicating you understand these Medicare Prescription Payment Plan terms and conditions. You are agreeing to be financially responsible for all amounts billed under the program. If you do not pay the amounts due under the program you will be terminated from the program, and will not be allowed to opt in again until the amounts owed are repaid in full. You can choose to opt out of the program at any time, however any outstanding amounts owed will continue to be billed and must be paid.    We will submit your opt-in request and within 24 hours your participation in the payment program will be confirmed. You will receive an automated phone call and a notice in the mail that your participation is active in the payment plan. Once confirmed, you will be able to obtain your medications at the pharmacy (or via mail order) without paying your cost share up front. Instead, you will receive an invoice on a monthly basis. Expect your first invoice within the next month of your opt-in effective date. Your invoice will have directions on how to set up recurring or one-time payments. | |

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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).
* The beneficiary does not have Part D eligibility, as of the date the election request was submitted.

 Only the beneficiary, Appointed Representative (AOR) or Power of Attorney (POA) can Opt In to the Medicare Prescription Payment Plan. Verbal authorization from the beneficary is acceptable.

Follow the steps below:

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| **Step** | **Action** | | |
| **1** | When the beneficiary calls saying they received a denial notice that they will not be participating in the Medicare Prescription Payment Plan.  I’ll be happy to review this with you. | | |
| **2** | Click the **M3P Communications** link to access ONEclick and locate the document   * Click the hyperlink to view the document to determine the reason for the denial. * Review the information in the letter with the beneficiary. | | |
| **If...** | **Then...** | |
| Missing information was not received within the required timeframe (21 days). | Advise the beneficiary of what information was missing, then ask if they still want to participate in the Medicare Prescription Payment Plan.  The missing information was ( i.e. first name and last name, Medicare number, or the signature to attest they understand the Part D plan terms and conditions).  If you still want to participate in the Medicare Prescription Payment Plan and you have the information, I can assist you with a new election request at this time.  If the beneficiary says they want to submit a new election request, 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). | |
| The beneficiary does not have Part D eligibility, as of the date the election request was submitted. | The CCR will confirm the beneficiary’s Part D eligibility.  Refer to [Compass - Resolution of Eligibility Issues](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cba9d073-9e46-4d90-b86f-4566793c40f3). | |
| **If...** | **Then...** |
| They are eligible | A new election request will be required. I can assist you with that request.  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). |
| They are not eligible | Medicare requires that a beneficiary has Part D coverage to participate in the Medicare Prescription Payment Plan. Once you have Part D coverage, you may submit an election request by contacting us.  Do you have any other questions on the Medicare Prescription Payment Plan? |

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| Related Documents |

[Compass MED D - Viewing Correspondence and Requesting Reprints](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c)

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