**Compass MED D – Reimbursement for Medicare Prescription Payment Plan**

[Reimbursement 1](#_Toc187153878)

[Reimbursement – Urgent Need for Medication 1](#_Toc187153879)

[Opt In/Opt Out Support Task 1](#_Toc187153880)

[Related Documents 1](#_Toc187153881)

**Description:** This document outlines the process 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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| **Reimbursement** |

For scenarios that do not fall under this document, refer to [Compass MED D – Medicare Prescription Payment Plan Guidelines](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54f362a8-c10b-43c3-b4dd-124af1173532).

If the beneficiary calls and says they’ve opted-in to the Medicare Prescription Payment Plan but they were charged a copay for a prescription and they want to be reimbursed, follow the steps below:

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| **Step** | **Action** | | |
| **1** | Confirm the member’s Medicare Prescription Payment Plan status in Compass. Refer to [Compass MED D - View Medicare Prescription Payment Plan Tab](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1499eb51-644e-43c0-8889-8b6e05759669). | | |
| **2** | Is the beneficiary opted-in to the Medicare Prescription Payment Plan? | | |
| **If…** | **Then…** | |
| Yes | Proceed to the **next step**. | |
| No | If you can confirm an election request was submitted and it’s been more than 24 hours, but the beneficiary’s record has not been updated, create a [Support Task](#_Opt-In/Opt-Out_Support_Task). | |
| **3** | Was the 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) | | |
| **If…** | **Then…** | |
| Yes | Proceed to **Step 4**. | |
| No | **Retail:** Have they received/picked up and paid for the prescription?  **Mail:** Has the order been shipped? | |
| **If…** | **Then…** |
| Yes | Advise the beneficiary that it may take up to 24 hours for the opt-in to be processed and that future claims will be applied to the Medicare Prescription Payment Plan. |
| No | **Retail:** Contact the pharmacy and ask to reverse and reprocess to add the Medicare Prescription Payment Plan to the claim(s).  **Mail:** Proceed to the next step. |
| **4** | Submit a Support Task to have the Medicare Prescription Payment Plan coverage added to the claim(s) and trigger reimbursement to the beneficiary.  **Task Type:** Participant Research Request (CRR)  **Notes:** Explain the reason for the call (Medicare Prescription Payment Plan retroactive reimbursement) and note any specific beneficiary requests or information provided by the beneficiary.  **CCR Note:** Do not advise the beneficiary to submit a paper claim for reimbursement. | | |

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| **Reimbursement – Urgent Need for Medication** |

If the beneficiary calls and says they’ve opted-in to the Medicare Prescription Payment Plan but they were not able to wait the 24 hour period for it to be confirmed because they had an urgent need to fill their medication (i.e. out of meds), they were charged a copay for a prescription and they want to be reimbursed, follow the steps below:

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| --- | --- | --- |
| **Step** | **Action** | |
|  | Confirm the member’s Medicare Prescription Payment Plan status in Compass. Refer to [Compass MED D - View Medicare Prescription Payment Plan Tab](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1499eb51-644e-43c0-8889-8b6e05759669). | |
|  | Is the beneficiary opted-in to the Medicare Prescription Payment Plan? | |
| **If…** | **Then…** |
| Yes | Proceed to the **next step**. |
| No | If you can confirm an election request was submitted and it’s been more than 24 hours, but the beneficiary’s record has not been updated, create a [Support Task](#_Opt-In/Opt-Out_Support_Task). |
|  | Was the claim processed after the election request was made, but prior to the Medicare Prescription Payment Plan being active? | |
| **If…** | **Then…** |
| Yes | Proceed to the **next step**. |
| No | Advise the beneficiary that the claim was processed prior to the election request being made and does not qualify for reimbursement. Future claims will be applied to the Medicare Prescription Payment Plan. |
|  | Has it been more than 72 hours since the claim in question was adjudicated? | |
| **If…** | **Then…** |
| Yes | Advise the beneficiary that the claim does not qualify for reimbursement. Future claims will be applied to the Medicare Prescription Payment Plan. |
| No | Proceed to the **next step**. |
|  | Submit a Support Task to have the Medicare Prescription Payment Plan coverage added to the claim(s) and trigger reimbursement to the beneficiary.  **Task Type:** Participant Research Request (CRR)  **Notes:** Explain the reason for the call (Medicare Prescription Payment Plan retroactive reimbursement) and note any specific beneficiary requests or information provided by the beneficiary.  **CCR Note:** Do not advise the beneficiary to submit a paper claim for reimbursement. | |

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| **Opt In/Opt Out Support Task** |

Before submitting the Support Task, ensure you are in the correct eligibility year

**Task Type:** M3P - Opt In/Opt Out Exception

**Reason:**

* **Retro Request:** Submitted when errors or mistakes in the effective date are identified. Beneficiary cannot request without cause.

Document the following in the **Task Notes:**

* Specify the scenario that needs to be researched

**Note:** Only submit a Support Task if the Caremark Service Type is **Expanded Services**.

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| **Related Documents** |

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718)

**Parent Document:** CALL-0048: [Medicare Part D - Customer Care Call Center Requirements, CVS Caremark Part D Services, L.L.C.](https://thesource.cvshealth.com/nuxeo/thesource/?documentId=CALL-0048)

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