# Compass MED D - Determining TrOOP Status and Viewing Accumulations

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**Description:** This document will assist the MED D Customer Care Representative (CCR) in answering a MED D beneficiary’s questions regarding the Medicare Part D TrOOP (True Out of Pocket) and accumulations.

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| Overview |

**MED D TrOOP** consists of beneficiary’s out of pocket cost during the following stages:

* Stage I: Deductible
* Stage II: Initial Coverage Stage (Copay/Coinsurance)
* Stage III: Catastrophic

Refer to [MED D – Stages of Medicare Part D Coverage (Deductible, ICL, Coverage Gap, Catastrophic)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1585e546-ac16-4e49-94fa-045c94ecde2d) as needed.

Each claim processed for the beneficiary will affect their TrOOP.

 TrOOP and its different levels will vary by client and plan. Refer to the **appropriate CIF** for specific client/plan TrOOP details.

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| TrOOP and Formulary |

All paid claims for covered prescriptions will affect the MED D beneficiary’s TrOOP. Therefore, it is important to understand that there are a number of drugs that are **NOT**covered by MED D.

If the beneficiary chooses to purchase medications **not covered by the plan**, they are responsible for the **entire out of pocket cost** and these monies will **NOT** accumulate toward their MED D TrOOP.

Review drug coverage in **Compass** (**test claim**). Refer to [Compass - Test Claims](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).

The beneficiary can also log into their client-specific website (if available) and check the formulary as well.

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| Viewing Accumulations and TrOOP |

Medicare Part D sponsors (client) are responsible for tracking the beneficiary’s TrOOP.

Follow the steps below to view the beneficiary’s TrOOP status under Accumulations:

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| **Step** | **Action** | | |
| **1** | Click the **Accumulations** link from the **Quick Actions**panel on the Member Snapshot Landing Page.    **Result:** The **Accumulations** tab displays, including the following:   * Current Plan Phase * Accumulation Types | | |
| **2** | Choose the **Benefit Period** or **Inquiry Date**,then click **Apply**. | | |
| **3** | Review Accumulation information as needed.     1. **Details Hyperlink:** Shows a description of the amount accumulated towards the member’s **Accumulations.**  * Click the **Details** hyperlink to view. * A popup displays. Click the **X** to exit this view.      1. **Benefits Usage Section:**  * **Accumulated** – Indicates how much the member has used. * **Limit** – Indicates the maximum amount for that accumulator. * **Remaining** – Indicates how much the member has remaining.  1. **Visual Indicators:**  * **Dark** – Accumulated Amount. * **Shadow** – Remaining Amount.  1. **View Claims Button:** Indicates specific drug details attributing to Accumulations.  * Claims for the selected Accumulation Type display below the **Summary Details** section. * Click the blue **$ amount** hyperlink under the **Member Pay** column to display financial details for specific claims.        1. **Special Handling Tab:**  * Displays Paper Claims contributing to Accumulations. * Displays Accumulations information for drugs with a Maximum Allowable Benefit (**Examples:** Erectile Dysfunction, Smoking, Fertility). * Defined Standard Deductible will begin with Coverage Year 2025 and will only display if the plan has a deductible.  1. **Current Phase:**  * Indicates the stage of the plan the beneficiary is currently in. * Hovering over the **Tool Tip** icon displays the following message: “View claims to confirm what medication applied to each accumulation.” | | |
| **4** | Review the following **Accumulation Types** to determine the beneficiary’s TrOOP status | | |
| **Accumulation Type…** | **Status…** | |
| **Deductible** | Stage I - Beneficiary pays total drug cost until **Limit Amount** indicated is reached.  **Note:**   * **Tool Tip:** **I**fthe Defined Standard Deductible Limit amount is met, the plan Deductible Limit will have been met. The plan Deductible Remaining amount will be $0.00, regardless of the plan Deductible Accumulated amount. | |
| **Defined Standard Deductible**  (Located in the Special Handling tab) | Stage I – Beneficiary pays total drug cost until **Limit Amount** is reached.  **Notes:**   * **Tool Tip: I**fthe Defined Standard Deductible Limit amount is met, the plan Deductible Limit will have been met. The plan Deductible Remaining amount will be $0.00, regardless of the plan Deductible Accumulated amount.      * **Details hyperlink, View Claims hyperlink, and Summary Details all function and display the same as** [Step 3](#Viewing_Step_3)**.** | |
| **Initial** | Stage II - Beneficiary pays copay/coinsurance until **Limit Amount** indicated is reached. | |
| **Catastrophic** | Stage III - Beneficiaries will pay: | |
| **2026** | **2025** |
| **Part D Drugs:**  **$0** member cost-share    **Covered Non-Part D Drugs:**  Cost share same as Initial Coverage Limit (Stage II) | **Part D Drugs:**  **$0** member cost-share    **Covered Non-Part D Drugs:**  Cost share same as Initial Coverage Limit (Stage II) |
| **5** | Click the **View Claims** button underneath the Accumulation Type for claim details that attributed to the selected TrOOP level.  **Note:** The Accumulation Types displayed on the Accumulations screenwill vary by client and adjudication platforms (QL, RECAP, and RxClaim).    **Result:**  Claims for the selected Accumulation Type display below the **Summary Details** section. | | |
| **6** | Locate the claim(s) or Rx#(s) in question and click the blue **$ amount** hyperlink under the **Member Pay** column to view financial details for specific claims.    **Result:** Financial details pop-up displays financial information about the claim including amount(s) that apply towards their MED D deductible, drug spend, or TrOOP. | | |

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| Viewing TrOOP- Financial Details Screen |

Follow the steps below to view specific TrOOP claims information under the **Financial Details** screen.

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| **Step** | **Action** | |
| **1** | From the **Claims** tab on the Claims Landing Page, locate the claim(s) or Rx#(s) in question. Click the **Rx#** hyperlink for the identified claim.    **Result:** The **Claim Details** tab displays. | |
| **2** | Click the **Financial Details** sub tab.      **Result:** Financial Details for the claim displays | |
| **3** | Review the following sections of the **Financial Details** sub tab to determine TrOOP status: | |
| **Section…** | **Information…** |
| **Member Pay** | Use these four fields to determine TrOOP status.   * **Deductible:** Stage I - Beneficiary pays drug cost. * **Initial Copay:** Stage II - 1st time Beneficiary pays a copay. * **Catastrophic Copay:** Stage III - Catastrophic Coverage. |
| **Med D Financials** | **LICS paid by plan:** This is internal financial information that is not to be discussed with the beneficiary. |
| **Miscellaneous** | **Applied to TrOOP:** This is the amount applied to the beneficiary’s TrOOP. |

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| Claims Paid Between Two Different Levels of Drug Coverage (Formerly Known as Cusp Claims) |

Beneficiary drug claims that are paid between two different stages of drug coverage have caused the beneficiary not only to meet, but also to exceed a benefit level threshold amount. This moves them into the next stage of coverage.

In order to identify and explain these claims to the beneficiary, follow the steps listed below:

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| **Step** | **Action** |
| **1** | From the **Claims** tab on the Claims Landing Page, locate the claim(s) or Rx#(s) in question. Click the **Rx#** hyperlink for the identified claim.    **Result:** The **Claim Details** tab displays. |
| **2** | Click the **Financial Details** sub tab.      **Result:** Financial Details for the claim displays. |
| **3** | Review the following fields in the **Member Pay** section to answer the beneficiary’s questions.   * Initial Copay * Catastrophic Copay * Deductible   **Example:**   * The beneficiary has completed Stage I (Deductible) and entered Stage 2 (Initial Coverage Limit/Drug Spend). * The beneficiary was charged a total amount of $167.91 (**Member Pay field**).   The total amount consists of:   * + - The remainder of the Deductible being met (**Deductible $128.53**) and     - The copay being charged (**Initial Copay $39.38**).   **Example:**    **Note:** If the beneficiary has additional questions,refer to [Compass MED D - Explaining and Calculating Claims Example 1](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=dd325ef8-7d71-4274-b95e-8a88e6076ea1) and [Compass MED D - Explaining and Calculating Claims Example 2](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=16bc5519-9865-48ba-a53a-992edfa0b857) to determine how the copay was calculated. |

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| Viewing TrOOP Balance Transfer |

When a beneficiary changes their MED D plan during the plan year, the two MED D plans will communicate with each other, via the TrOOP Facilitator regarding the beneficiary’s TrOOP balance.

**Example:** If the beneficiary changes from a MEDDCO MED D plan to SilverScript, the TrOOP Facilitator sends beneficiary’s TrOOP level information to the prior plan and the new plan to ensure TrOOP is appropriately transferred to the new plan.

**Note:** Beneficiaries will need to contact their new plan regarding their TrOOP accumulations if they have any questions.

This document is meant to assist in identifying transactions which represent a TrOOP Balance transfer from one MED D plan to another MED D plan and how to address issues associated with these transactions.

When receiving a call from the beneficiary regarding their TrOOP Balance Transfer, perform the following steps below:

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| **Step** | **Action** |
| **1** | Locate and click the **Accumulations** link from the **Quick Actions**panel on the Member Snapshot Landing Page.    **Result:** The **Accumulations** tab displays. |
| **2** | Choose the **Benefit Period** or **Inquiry Date**,then click **Apply**. |
| **3** | Click the **View Claims** button underneath TrOOP Accumulation Type.    **Result:** Claims for the selected Accumulation Type display below the **Summary Details** section. |
| **4** | Balance Transfers will display as **Financial Information Reporting Adjustment** in the **Type** Column.   * Click the blue **$ amount** hyperlink under the **Member Pay** column to view additional financial information. * Provide the Balance Transfer details to the beneficiary.       If the beneficiary has any dispute regarding the TrOOP Balance Transfer, refer to the “RMT - Claims Adjustment Task (Deductible/TrOOP Adjustment)” section of the [Compass MED D - Claim Adjustment and Refund Requests](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=590a1fcb-8ac2-4013-92fd-210b297785ab) work instruction. |

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| Exceptions |

TrOOP and its different levels will vary by client and plan.

* Refer to the **appropriate CIF** for specific client/plan TrOOP details.

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**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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