# Compass MED D - Dual Demo/MMP/DSNP - Single Transaction Coordination of Benefits (STCOB) Tips and Reminders

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| Overview |

MED D CCRs should utilize Compass, CIF, and this job aid to determine if the beneficiary is a **Dual Demo (Dual Demonstration)/MMP (Medicare-Medicaid Plan)/DSNP (Dual Special Needs Plan)**.

A **Dual Demo Plan** is a type of health insurance plan for people who have both Medicare and Medicaid, also referred to as dual-eligible. You may also see these plans referred to as **MMP** (Medicare/Medicaid Plan) or **DSNP** (Dual Special Needs Plan).

* A Medicare Advantage MMP is a private health plan that provides coordinated Medicare and Medicaid benefits for dually eligible individuals. MMPs simplify the processes for dual eligible individuals to access the care they are entitled to under Medicare and Medicaid programs. This includes providing beneficiaries with a seamless enrollment and disenrollment process and access to high-quality integrated healthcare.
* MMPs differ from SNPs in that they are a totally aligned product designed to further strengthen the coordination of Medicare and Medicaid Services. An MMP is an alignment initiative in which Medicare and Medicaid benefits are offered as a single plan in a three-way contract between CMS, the state Medicaid agency (SMA), and the health plan; a D-SNP model is when a health plan holds a contract with Medicare and then a separate contract with the SMA to provide Medicaid benefits at varying levels of integration.

Dual Demo Plan Characteristics

* Medicare D is the primary benefit, Medicaid is the secondary benefit and can be managed by CVS Caremark or another PBM (Prescription Benefit Manager).
* Dual members will pay a little-to-no copay, for covered medications.
* Dual Demo Plans will never have a deductible.
* Medications that are excluded by Medicare could be covered under the Medicaid portion of the plan.
* STCOB beneficiaries do not need to take any action to have their benefits coordinated. This is set up on their behalf by their plan.
* STCOB beneficiaries who have Medicare D and Medicaid coverage through CVS Caremark, will receive only one ID card.

There are currently 9 participating states:

* California
* Illinois
* Massachusetts
* Michigan
* New York
* Ohio
* Rhode Island
* South Carolina
* Texas

Each of these states has begun either voluntary or passive enrollment of duals into fully integrated plans providing both Medicaid and Medicare benefits (“Medicare-Medicaid Plans,” or “MMPs”) under three-way contracts between the state, the Centers for Medicare & Medicaid Services (CMS), and the MMP.

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| How to Identify a Dual Demo/MMP/DSNIP Plan in Compass |

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| **MED D & Medicaid Dual Demo STCOB** | From the Member Snapshot Landing Page, review the the Member Details panel   * Click the **View Additional** (Coverage) hyperlink and review the **Open Different Account** popup to determine if there is an active Member ID. If so, then the beneficiary has STCOB.   + The ID in the Member ID column is the beneficiary’s secondary plan ID. * 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 Medicare D account.       **Note:** When accessing the secondary account from the **View Additional** (Coverage) hyperlink, the secondary account will be read only.  To enter an override on the secondary account, refer to [Compass – Override for Secondary Coverage](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5f2957c-56aa-435c-a83a-5e9e59d62c8c). |

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| Tips and Reminders |

It is very important to check the Member Alerts and the CIF on every Dual Demo/MMP/DSNP call. Do NOT rely on Compass alone. Before quoting cost/coverage to members, double check all other resources to ensure there isn’t a custom process that should be followed.

The following will assist the CCR when addressing Dual Demo/MMP/DSNP issues:

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| From the **Mail** or **Retail Mbr. Pay** hyperlinkson the **View** **Test Claim** **Results** screen,the CCR can: | * View the amount the secondary plan paid on the claim, by clicking the **$ amount** hyperlink under the **Retail Mbr. Pay** column and then reviewing the **Supplemental Payer Adjust Amount (+/-)** field under the **Member Pay** section.         Click the hyperlink in the **Mail Messages** or **Retail Messages** column to view STCOB messaging under the **Additional Messages** section. |
| **Dual Demo/MMP/DSNP Accounts: Explaining to Beneficiaries** | The following are tips on how to respond to inquiries from beneficiaries on common Dual Demo/MMP/DSNP account scenarios:  **Scenario:** 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 the reject code hyperlink under the Mail Messages or Retail Messages column and review reject messaging.   + From the Reject Messaging pop-up, click the Continue button to simulate a test claim * If the drug has a PA or quantity limit that is Not covered on the Secondary 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)   + Review the CIF to determine who handles the CD&A process.   **Note:** A transition fill is not available for a drug that is rejected for B vs. D determination. The coverage determination must be done in order 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).   * Review the CIF to identify who handles the CD&A process. |

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| Active Clients with Dual Demo/MMP/DSNIP Plans |

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| **Client Name & Carrier** | **Carrier(s)** | **Type of Plan** | **Plan Highlights** |
| Neighborhood Health Plan of Rhode Island (NHPRI) | x2322, x6441 | Dual Demo/MMP | Secondary Medicaid coverage covers OTC medications not covered under Medicare. |
| Devoted Health | x8704 x6203 | DSNP | Carrier x6203 is a new DSNP plan effective 01/01/2021. Not all members under carrier x8704 have the STCOB secondary plan. |
| BSC | x33MH | MMP | Also known as the Cal-Medi Connect (CMC) plan. |
| Healthfirst | x1110, x1117 | DSNP | Healthfirst Compete Care members have Medicare primary coverage and Medicaid secondary coverage (x1117). These members also have Medicaid Fee-for-service (FFS) through the state, there are six drugs that they could possibly receive coverage for, directly from the state, through their FFS benefit, using their Medicaid FFS card. Please review the CIF for drug coverage and copays on members in this plan, the coverage can include medications not covered under Part D law. |
| Molina | X5062, x0865, x0862, x5008, x5058, x0864, x5009, x0863, x5060, x0866, x5005, x0861 | Dual Demo | Plan utilizes a single transaction COB process. For drugs not covered under Med D, the claim attempts to adjudicate “automatically” to the Medicaid carrier. |

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| Resolution Time |

Information = Immediate

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| Related Documents |

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/TW%20February%20Release/Kianah%20Drafts/CMS-2-017428)

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