# **Compass MED D - Explaining and Calculating Claims Example 1**

**Scenario:** Beneficiary is calling to request more information on copays associated with claims that are paid between two different levels of drug coverage.

**Note:** To explain and calculate the claim for this year, replace the Total Drug Spend and Plan Design information with the current year’s values. The values in this example may not reflect the current year’s information.

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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** | Confirm the prescription details with the beneficiary and click the **Financial Details** sub tab.      **Result:** The Financial Details for the claim displays. |
| **3** | Review and note the following:   * Total cost of the medication or Cost Allowed - (**Example:** $1,816.83) * Stages that the medication has been processed in - (**Example:** Stage 2: Initial Coverage Limit as well as Stage 3: Coverage Gap) * Total Beneficiary’s copay or Member Pay - (**Example:** $352.64)   **Note:** We can determine the stages that the claim is processed in because the cost is divided amongst those two stages and there is $0.00 cost for the Deductible and Catastrophic stages.  **Example** |
| **4** | Advise the beneficiary:   * The cost of their medication causes them to exceed Total Drug Spend amount of $4,660 and enter into the Coverage Gap * The copays are assessed in both stages.   + (**Example:** $141 copay for the Initial Coverage Limit and $211.64 copay for the Coverage Gap, which equals a total copay of $352.64.) |
| **5** | Click the **Accumulations** link from the **Quick Actions** panel on the Member Snapshot Landing Page. |
| **6** | Choose the **Benefit Period** or **Inquiry Date**,then click **Apply**. |
| **7** | Click the **View Claims** button underneath the stage that the beneficiary’s claim started in.  (**Example:** The claim started in the Initial Coverage Limit and ended in the Coverage Gap.)    **Result:**  Claims for the selected Accumulation Type display below the **Summary Details** section. |
| **8** | Locate the claim in question by matching all of the claim information including Drug Name/Dosage, RX #, Fill/Date of Service, and Claim Type.  Once the information is confirmed, click the blue **$ amount** hyperlink in the **Member Pay** column.    **Result:** The Financial Details popup displays financial information about the claim, including amount(s) that apply towards their MED D deductible, drug spend, or TrOOP. |
| **9** | Locate and note the stage that the claim started in and the amount that was applied to that stage.  Advise the member:   * The amount applied to each stage.   **Example:**   * Claim started in the Initial Coverage Limit. * $970.92 of the total cost allowed for the medication ($1,816.83) was applied to the Initial Coverage Limit. * From this information, it can be determined that out of the $4,660 Initial Coverage Limit, $3,689.08 was met prior to this claim by subtracting the amount that was applied to the Initial Coverage Limit ($970.92) from the Total Drug Spend of $4,660. * That leaves $845.91 of the total cost to be processed in the Coverage Gap.   + Subtract the $970.92 that was applied to the Initial Coverage Limit from the cost allowed for the medication ($1,816.83).   **Example** |
| **10** | Review the Plan Design and Formulary to confirm the amounts that are being charged in both stages.  **Note:** If the medication is non-formulary, check Override/PA History screen for a non-formulary exception. If exception is on file for SSI clients, the medication will default to a Tier 4 medication. **ALWAYS** CHECK CIF FOR TIERING EXCEPTION DETAILS.  (**Example:** This medication is listed as a Tier 3 medication. Per the Plan design a 90-day supply of a Tier 3 medication at a retail pharmacy is assessed a $141 copay for a 90-day supply at a Retail Pharmacy in the Initial Coverage Limit and a 25% copay in the Coverage Gap.) |
| **11** | Calculate the Initial Copay and provide the beneficiary with details on how the Initial Copay was obtained.  **Example:**   * From Step 9, $970.92 of the cost allowed (Initial Gross Cost) was applied to the Initial Coverage Limit. * From Step 10, the beneficiary is only responsible for $141 of that amount (Initial Copay).   **Note:** These values should match the amounts reported on the Financial Details Screen for the medication. |
| **12** | Calculate the Coverage Gap Copay and provide beneficiary with details on how the Coverage Gap Copay was obtained.  **Example:**   * From Step 9, $845.91 can be applied to the Coverage Gap plus the $0.65 dispensing fee = $846.56 for the GAP Gross Cost. * From Step 10, the beneficiary is responsible for 25% of the cost in the Coverage Gap. * Multiply the GAP Gross Cost by 0.25 (25%).   + $846.56 by 0.25 (25%) = $211.64 (GAP Copay)   **Note:** These values should match the amounts reported on the Financial Details Screen for the medication. |
| **13** | Add Initial Copay and GAP Copay to calculate the Member Pay total.  **Example:** $141.00 + $211.64= $352.64  Provide the beneficiary with details on how the Total Copay was obtained and address any other questions. |

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