# Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls

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**Description:** This document contains information that will assist Customer Care Representatives (CCR) when callers indicate they have additional assistance through their State Pharmaceutical Assistance Program (SPAP).

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| Overview |

Icon - Important **CCR Process Note:** Each SPAP within the **X9110 client code** has its own CIF. Do not use the SilverScript PDP CIF to answer SPAP questions.

**The following paragraphs from Medicareinteractive.org offer some insight into SPAPs:**

Some states offer a state pharmaceutical assistance program (SPAP) to help their residents pay for prescription drugs. Each program works differently. Some states offer programs that can help people with certain illnesses pay for their prescription drugs. For example, many states offer HIV/AIDS drug assistance Programs (ADAP) and programs for people who suffer from End-Stage Renal Disease (ESRD).

The states that offer SPAPs often coordinate their SPAPs with Medicare’s drug benefit (Part D). Beneficiaries should check with their state’s program to see how it works with Part D. If a drug is covered by both the SPAP and the Part D plan, what the beneficiary pays plus what the SPAP pays for the drug will count towards the out-of-pocket maximum the beneficiary has to reach before their Medicare drug costs go down.

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| Q&As |

The following three sections provide questions and answers in a scenario-based format, and are organized by category:

[Eligibility/Enrollment/Disenrollment](#_Eligibility/Enrollment/Disenrollmen)

[Premium Billing](#_Premium_Billing)

[Claims](#_Claims)

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| Eligibility/Enrollment/Disenrollment |

Refer to the following **Eligibility/Enrollment/Disenrollment** Q&As:

**Eligibility:**

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| **Question:** | A beneficiary calls to ask about eligibility for the State Pharmaceutical Assistance Program (SPAP) program. |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE  **\*AND\***  All Other Clients | Explain to the beneficiary that eligibility for an SPAP program varies by each state. Advise the beneficiary to contact the state’s SPAP representative for more information. If eligible, the SPAP will work with the beneficiary and the Part D plan sponsor to complete enrollment into the plan. Refer to the [SPAP Table](#_SPAP_Table).  **CCR Process Note:** If the beneficiary wants to know if the SPAP paid on a **claim**, the process to determine this is different than verifying eligibility for enrollment.  Refer to [Claims](#_Claims) section of the Q&As. |

**Enrollment:**

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| **Question:** | A beneficiary recently enrolled in the State Pharmaceutical Assistance Program (SPAP), and the SPAP plan covers the monthly premiums; however, the beneficiary also received a bill for the Individual plan premium payment. | |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE | Review the information within the **Coordination of Benefits (COB)** hyperlink located in the **Quick Actions** panel from the **Claims Landing Page** in Compass to determine if the SPAP program is listed. | |
| **If…** | **Then…** |
| Listed in Compass | 1. Check to determine the dates the amounts are for, and confirm if billed prior to effective date. 2. Inform the beneficiary of the enrollment in the SPAP and provide the effective dates. 3. Inform the beneficiary that it is likely a timing issue and eligibility may have been updated after the billing cycle. The beneficiary may disregard this bill; however, if another bill is received, the beneficiary should contact the SPAP to follow up. |
| NOT listed in Compass, or if the beneficiary disagrees with the eligibility dates | 1. Do **not** state that the SPAP has not paid for the beneficiary’s premiums. 2. Inform the beneficiary that our records do not indicate enrollment in the SPAP program for that coverage period, but that we will research this, and someone will follow up with an update within 5 business days. Explain that this is likely a timing issue and eligibility may have been updated after the billing cycle. 3. Contact a Supervisor or transfer to the Senior team for assistance. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). 4. The Supervisor or Senior will submit a form or send an email to the Account Manager, including the beneficiary’s name, ID, date of birth, and a description of the beneficiary’s request in the form/email.  * **For SilverScript Open PDP:** Submit an [Inquiry/Request Form](https://aetna-537298.workflowcloud.com/forms/ae90571f-58f9-4ad7-8f5a-0c5493fe719b).   + - **Note:** Group email addresses should NOT be used on the form. Only an individual’s email can be used.     - Refer to [Universal Med D – Requests to Account Management Through Nintex](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98e42a11-aea6-4166-985b-9c4d24d4e58f).   + **For EGWP:** Send an email to the Assigned Account Manager  1. The Account Management team will verify eligibility, work with Enrollment to update the account if necessary, and will respond to the Supervisor or Senior with a status update on the enrollment and explanation of the billing. 2. The Supervisor or Senior will submit a request for follow up to ensure the beneficiary is contacted and the issue is closed. |
| **Answer:**  All Other Clients | Check the CIF to determine who handles Premium Billing and warm transfer to the appropriate contact listed in the CIF. | |

**Disenrollment:**

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| **Question:** | A beneficiary who is currently enrolled in an SPAP contacts Customer Care and requests to disenroll from the Part D plan. |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE | Check the Enrollment section of the CIF to determine who handles Enrollment/Disenrollment, and warm transfer to the appropriate contact listed in the CIF. |
| **Answer:**  All Other Clients | Check the Enrollment section of the CIF to determine who handles Enrollment/Disenrollment, and warm transfer to the appropriate contact listed in the CIF. |

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| Premium Billing |

Refer to the following **Premium Billing** Q&As:

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| **Question #1:** | A beneficiary recently obtained coverage through the State Pharmaceutical Assistance Program (SPAP); however, the beneficiary also received a bill for the Individual plan premium payment. Was the beneficiary’s SPAP enrollment updated? |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE | Refer to the [Answer](#AnswerEnrollment) in the Enrollment section. |
| **Answer:**  All Other Clients | Check the Premium Billing section of the CIF to determine who handles Premium Billing and warm transfer to the appropriate contact listed in the CIF. |
| **Question #2:** | A beneficiary called after receiving a letter regarding disenrollment due to non-payment of premiums.  In the example below, the beneficiary made a payment of <$32.50> to avoid the disenrollment and is confused because the State Pharmaceutical Assistance Program (SPAP) should cover the premiums now. |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE | Access the **Premium Billing** tab from the **Medicare D Landing Page** in Compass.  In the example below, it shows that the beneficiary’s premium of $32.50 was paid and then refunded since it is now being covered by the SPAP and is billed on an invoice (“INV”) to the SPAP client.  **Note:** The beneficiary is responsible to pay for any premiums that are not covered by the SPAP program, or that were applicable prior to the SPAP eligibility. |
| **Answer:**  All Other Clients | The beneficiary is responsible to pay for any premiums that are not covered by the SPAP program, or that were applicable prior to the SPAP eligibility. |

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| Claims |

Refer to the following **Claims** Q&A:

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| **Question:** | A beneficiary called about being charged for a copayment but should NOT have been charged because the SPAP benefit should have covered it. The SPAP benefit was not applied. | | |
| **Answer:**  SilverScript Open PDP & SSI-EGWPs & NEJE  **\*AND\***  All Other Clients | **CCR Process note:** If the CIF indicates the client handles all plan design questions, warm transfer to the health plan.  **Note:** SPAP co-pays will NOT display in Compass when reviewing Retail claims, in Test Claims, or for Mail Order refills. Compass will only show the SilverScript portion of the claim and not the final cost of the paid claim. However, if the beneficiary is using Mail Order, the SPAP portion will display after the claim adjudication process on the Transaction History screen.  Check CIF for copay subsidy information: | | |
| **If…** | **Then…** | |
| If CIF indicates no copay subsidy | Explain to beneficiary there is no copay subsidy per the SPAP plan. | |
| If CIF indicates there is copay subsidy | Transfer to the Senior team to check RxClaim to determine if N1/N2 transaction displays.  Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). | |
| **If…** | **Then…** |
| **Yes:** N1/N2 transaction **displays** | * **SilverScript Open PDP & SSI-EGWPs:** Contact the Account Management team for additional research. * **For SSI:** Seniors or Supervisors may submit an [Inquiry/Request Form](https://aetna-537298.workflowcloud.com/forms/ffcac065-2d90-45d0-bea3-0ddebd1b87ee).   + - **Note:** Group email addresses should NOT be used on the form. Only an individual’s email can be used.     - Refer to [Universal Med D – Requests to Account Management Through Nintex](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98e42a11-aea6-4166-985b-9c4d24d4e58f).   + **For EGWPs:** Seniors or Supervisors may reach out to the appropriate AM. Refer to [SilverScript Client Listing- Senior, Resolution and Supervisor Teams Only](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a404f53d-ca87-4655-8153-fc5cabe49235)   **CCR Process Note:** SSI Account Management team will research and respond to submitter via email within 3 business days. CCR should follow up with beneficiary to provide a response.   * **All Other Clients (excludes NEJE):**  Refer to SPAP. |
| **No:** N1/N2 transaction **does not** display | **For Mail Order claims:**   * Submit a request to the COB team to have the claim reprocessed. * Mail Order claims can be reprocessed if requested within 90 days. For claims **over 90** days CCRs can transfer to the Senior Team or contact Supervisor to send an email to: [COB.Operations@CVSCaremark.com](mailto:COB.Operations@CVSCaremark.com) to request to have the claim reprocessed. The following information should be included:   + **Member:** Name, DOB, and ID   + **SPAP:** BIN, PCN, Group, ID, and effective dates   + **Claim:** Rx#, DOF and/or Claim #s   Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).  **For Retail claims:**   * Contact the pharmacy to rebill the claim to the SPAP; the SPAP card might not have been presented by beneficiary, resulting in a copay due from the beneficiary.   **Note:** This is done at the discretion of the pharmacy. Claims more than 1-2 weeks old typically will not be reprocessed.   * CCR will educate the beneficiary that is the responsibility of the beneficiary to provide the SPAP prescription card when filling Rxs at a retail pharmacy to receive the benefit. |

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| SPAP Table |

Refer to the following table:

**Note:** For more information, visit Medicare.gov, and type "SPAP" in the search bar on the upper right side of the page. In the search results, select the link titled "6 ways to get help with prescription costs". Scroll down to State Pharmaceutical Assistance Programs and click link provided.

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| **Delaware**  [**Delaware Prescription Assistance Program**](https://dhss.delaware.gov/dhss/dmma/dpap.html)  (800) 996-9969  DXC DPAP  P.O. BOX 950  NEW CASTLE DE  19720-0950 | **Indiana**  [**HoosierRx**](https://www.in.gov/medicaid/members/194.htm)  (866) 267-4679  (317) 234-1381  402 W. Washington Street  Room W374, MS07  Indianapolis, IN 46204 | **Maine**  [**Maine Low Cost Drugs for the Elderly or Disabled Program**](https://www.maine.gov/dhhs/oms/mainecare-options)  (866) 796-2463  Office of MaineCare Services  242 State Street  Augusta, ME 04333 |
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| **Maryland**  [**Maryland Senior Prescription Drug Assistance Program**](http://marylandspdap.com/)  (800) 551-5995  c/o Pool Administrators  628 Hebron Avenue  Suite 100  Glastonbury, CT 06033 | **Massachusetts**  [**Massachusetts Prescription Advantage**](https://www.mass.gov/prescription-drug-assistance)  (800) 243-4636 Ext 3  P. O. Box 15153  Worcester, MA 01615 | **Missouri**  [**Missouri Rx Plan**](https://dss.mo.gov/mhd/faq/pages/faqmo_rx.htm)  (800) 375-1406  P. O. Box 6500  Jefferson City, MO 65102 |
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| **Montana**  [**Montana Big Sky Rx Program**](https://dphhs.mt.gov/MontanaHealthcarePrograms/BigSky.aspx)  (866) 369-1233  (406) 444-1233  P.O. Box 202915  Helena, MT 59620 | **Nevada**  [**Nevada Senior Rx Program**](http://adsd.nv.gov/Programs/Seniors/SeniorRx/SrRxProg/)  (866) 303-6323  (775) 687-4210  Department of Health and Human Services  3416 Goni Road, Suite D-132  Carson City, NV 89706 | **New Jersey**  [**New Jersey Senior Gold Prescription Discount Program**](https://www.state.nj.us/humanservices/doas/services/seniorgold/)  (800) 792-9745  Senior Gold Prescription Discount Program  P.O. Box 715  Trenton, NJ 08625  [**New Jersey Pharmaceutical Assistance to the Aged and Disabled Program (PAAD)**](https://www.state.nj.us/humanservices/doas/services/paad/)  (800) 792-9745  Department of Human Services  P.O. Box 715  Trenton, NJ 08625 |
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| **New York**  [**New York State Elderly Pharmaceutical Insurance Coverage (EPIC)**](https://www.health.ny.gov/health_care/epic/)  (800) 332-3742  P.O. Box 15018  Albany, NY 12212 | **Pennsylvania**  [**Pharmaceutical Assistance Contract for the Elderly (PACE)**](http://www.aging.pa.gov/aging-services/prescriptions/Pages/default.aspx)  (800) 225-7223  (717)651-3600  P.O. Box 8806  Harrisburg, PA 17105 | **Rhode Island**  [**Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)**](http://oha.ri.gov/what-we-do/access/health-insurance-coaching/ripae/)  (401) 462-3000  (401) 462-0740  Rhode Island Department of Elderly Affairs  Hazard Building, Second Floor  74 West Road  Cranston, RI 02920 |
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| **Texas**  [**Texas Kidney Health Care Program (KHC)**](https://www.dshs.texas.gov/transition/chi/)  (800) 222-3986  (512) 776-7150  Department of State Health Services  MC 1938  P.O. Box 149347  Austin, TX 78714 | **Vermont**  [**VPharm**](https://www.greenmountaincare.org/prescription)  (800) 250-8427  312 Hurricane Lane, Suite 201  Williston, VT 05495 | **Virgin Islands**  [**U.S. Virgin Island Senior Citizens Affairs Pharmaceutical Assistance**](http://www.dhs.gov.vi/seniors/pharmaceutical.html)  (340) 774-0930  1303 Hospital Ground Knud Hansen Complex  Building A  St. Thomas, VI 00802 |
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| **Wisconsin**    [**Wisconsin SeniorCare**](https://www.dhs.wisconsin.gov/seniorcare/index.htm)  (800) 657-2038  P.O. Box 6710  Madison, WI 53716 |  |  |

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| Additional Research Needed |

For SPAP issues that cannot be resolved with the information above, send the following Support Task:

Refer to [Compass - Support Task Types and Uses List.](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6753488f-3996-45d9-88ba-257575369a98)

**Task Category:** Med D Enrollment - Enrollment

**Task Type:** Enrollment - SPAP - State pharmaceutical Assistance Program

**Notes:** Include the following:

* <Client Code: Name of SPAP>
* Detailed notes regarding the beneficiary’s SPAP issue/inquiry

Refer to [Compass - Create a Support Task](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).

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| Resolution Time |

3 business days or more

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| Log Activity |

1003 (**People Safe Users**)

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)

**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:** [Abbreviations / Definitions](file:///C:\Users\C337799\Downloads\CMS-2-017428)

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