# Compass MED D – Opt-Out Process for Medicare Prescription Payment Plan

[Voluntary Opt Out Process](#_Toc174704954)

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**Description:** This document outlines the process to voluntarily Opt-Out a beneficiary from the Medicare Prescription Payment Plan when CVS Caremark is delegated to manage it.

**** CMS has provided guidance that the Medicare Prescription Payment Plan should NOT be abbreviated when speaking to members about the program. The program may be referred to as M3P or MPPP in the Compass system, but these acronyms should NOT be used with members.

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| Voluntary Opt Out Process |

If a beneficiary calls and requests to opt-out of the Medicare Prescription Payment Plan, follow the steps below:

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| **Step** | **Action** | |
| **1** | From the Member Snapshot Landing Page, navigate to the **Quick Actions** panel, then click the **Medicare Prescription Payment Plan (M3P)** hyperlink to determine if CVS Caremark manages the Medicare Prescription Payment Plan.    **Result:** The M3P screen displays. | |
| **2** | From the **Summary** tab, review the **Opt in Status** section. **Example:**    **Member Status** options:    * Not Participating * Opt In * Voluntary opt out * Involuntary opt out   **Effective Date**:   * NA (Not Applicable – no Effective Date has been recorded) * MM/DD/YYYY   **Caremark Participation Status** options:   * **Participating** * **Not Participating:** Tool Tip will display, “Not participating could mean the client is on a non-calendar year plan and they have a future participation date OR this is a $0 copay plan. Refer to the CIF for client specific information.”   **Caremark Service Type:**   * **Expanded Services:** CVS Caremark handles Medicare Prescription Payment Plan program participation management, accounts receivable status reporting, increased Customer Care capabilities, and member communications (in addition to everything handled for clients with “No Expanded Services”).   **Note:** Tool Tip will display, “The member’s health plan has delegated Caremark to address all inquiries related to the Medicare Prescription Payment Plan (M3P).”   * **No Expanded Services:** Client handles Medicare Prescription Payment Plan program participation management but has contracted with CVS Caremark to provide claims processing management, customer care, reporting to perform program calculations, and pharmacy messaging.   **Note:** Tool Tip will display, “General program questions and claim inquires can be answered by CVS Caremark. For instruction on additional call types, refer to the CIF for client specific information.” | |
| **If...** | **Then...** |
| Caremark Participation Status is **Participating,** and the Caremark Service Type is **Expanded Services** | * The member’s health plan has delegated Caremark to address all inquiries related to the Medicare Prescription Payment Plan. * Proceed to the next step.   **Example:** |
| Caremark Participation Status is **Participating**, and the Caremark Service Type is **No Expanded Services** | * General program questions and claim inquires can be answered by CVS Caremark. * For instruction on additional call types, refer to the CIF for client specific information. |
| CVS Caremark Participation Status is **Not** **Participating** and the Caremark Service Type is **Expanded Services** | * This is a non-calendar year benefit or zero cost-share plan. * Refer to the CIF. |
| Caremark Participation Status is **Not** **Participating,** and the Caremark Service Type is **No Expanded Services** | * General program questions and claim inquires can be answered by CVS Caremark. * For instruction on additional call types, refer to the CIF for client specific information. |
| **3** | Click the **Opt In/Opt Out** tab to start the opt out process.  **Result:** The **Opt In/Opt Out** screen displays. | |
| **4** | In the **Caller Type** section of the form, determine the caller and make the appropriate selection from the **Who is calling?** drop-down menu.  **Notes:**   * The **Who is calling?** field will pre-populate based on the authentication process. * If the **Who is calling?** selection is changed during the Opt Out Process, previously completed fields will reset to their default values and you will need to restart the process. | |
| **If Caller Type is…** | **Then…** |
| Member, SHIP Counselor or Legal Representative | Proceed to the next step. |
| All Other Caller Types | * The **Requester Name** field will auto-populate from the caller authentication. Caller’s name may be typed in if different.   You must remove any special characters that appear in the **Requester Name** field. Compass will return an error if there is any special character in this field when you submit the Opt In/Opt Out request.   * + The Wipro system, where Compass submits these requests, only allows: “English alphabet letters (from a to z, and from A to Z) and a space”. * Required field will display: “Is the member present on the call and has authorized caller to speak on their behalf?”   + If **Yes** is selected, proceed to the next step.   + If **No** is selected, a new required field will display: **Check Privacy Records,** “Is power of attorney (POA) or appointment of representative (AOR) on file for the caller?”     - If **Yes** is selected, proceed to the next step.     - If **No** is selected, **STOP!** Read the disclaimer and provide information for POA or AOR. Then click the **Cancel** button to exit the Opt-Out process. |
| **5** | In the **Opt In / Opt Out Election Information** section of the form, complete the following fields:   * **Request Type:** Select **Opt Out** from drop-down arrow * **Plan Year:** Select plan year from drop-down arrow * **Effective Date:** Input date to opt out of the Medicare Prescription Payment Plan (MM/DD/YYYY format; e.g., 03/01/2025)   + **Notes:**     - Date will prepopulate to 1/1 of the prospective plan year, the current date, or the beneficiary’s eligibility start date from Member Snapshot, whichever is greater. You should not change this date unless specifically requested by the beneficiary.     - If effective date is outside of the selected plan year, error message will display, “Select an Effective Date within the selected Plan Year.” * Click the **Check Eligibility** button.   + **Note:**  Check Eligibility button will only be enabled after all required fields in the **Opt In / Opt Out Election Information** section are completed. | |
| **6** | In the **Check Eligibility** section, verify that validations are passed.   * The **Messaging/Next Steps** column must all read “Validation Passed” prior to proceeding to the next step.   **Notes:**   * Business validations are ran to verify eligibility to opt out of the Medicare Prescription Payment Plan. * Validations Passed or Failed are displayed in the **Messaging/Next Steps** column.   + - If validations passed, message will display, “Proceed with opt in/opt out request.”       * Proceed to the next step.     - If one (1) or more validations failed, message will display, “Not able to process opt in/opt out request.”       * Review error messaging, correct the failed election information accordingly and click **Check Eligibility** button again.   **Note:** All Validations must be passed prior to proceeding with the opt out process.   |  |  | | --- | --- | | **Validation Title** | **Messaging if Validation Fails** | | Expanded M3P Service Type | Caremark does not provide Expanded services to the client as of the selected Effective Date. General program questions and claim inquiries can be answered by CVS Caremark. For instruction on additional call types, refer to the CIF for client specific information. | | Check Opt In/Opt Out Status | Member is currently Opted In to M3P. | | Check Pending Transactions | Member is currently Opted In to M3P or has an in-process request to Opt In to M3P. | | Effective Date within Part D Coverage Dates | Effective Date must be within the member's Part D coverage dates. Verify the coverage dates selected in Member Snapshot. | | Effective Date greater than or equal to 1/1 of Selected Plan Year | Effective Date must be greater than or equal to 1/1/[Plan Year Selected]. | | Not a Retroactive Request | Submit an Opt In/Opt Out Exception Support for retro-active Opt In requests. | | Overdue Payment | The member must pay their overdue M3P balance before opting in to M3P again. | | Opt In before 11/30 of plan year [calendar year plans only] | [**Applies to members with calendar year plans]** Effective Date must be on or before 11/30 of selected plan year. | | Expanded M3P Service Type | Caremark does not provide Expanded services to the client as of the selected Effective Date. General program questions and claim inquiries can be answered by CVS Caremark. For instruction on additional call types, refer to the CIF for client specific information. | | Check Opt In/Opt Out Status | Member is not opted in during the Effective Date selected. Opt Outs can only be processed if member is Opted In to the Medicare Prescription Payment Plan (M3P). | | Check Pending Transactions | Member is not opted in during the Effective Date selected. Opt Outs can only be processed if member is Opted In to the Medicare Prescription Payment Plan (M3P). | | Opt Out Effective Date greater than or equal to Opt In Effective Date | Effective Date must be greater than or equal to member's Opt In Effective Date. | | Not a Retroactive Request | Retroactive opt out requests cannot be processed. | | |
| **7** | Review the **Outstanding Balance** section. It will include:   * Current Balance * Total Balance * Suggested verbiage, if applicable.     **Notes:**   * If the beneficiary does not have an outstanding balance, the talk track and **One Time Payment** button will not display. * A One Time Payment is not required. This is only an option as part of the Opt Out process. * For the process of making a One Time Payment, refer to [Compass MED D - Handling One-Time and Automatic Payments for the Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a6b9f56-5a9f-4652-bb81-0e152f545d4d). * The refresh button will refresh the ‘Outstanding Balance’ section when clicked, after making a one-time payment. | |
| **8** | In the **Opt Out Confirmation** section, read the confirmation to the beneficiary:  We will submit your opt out request and within 24 hours your participation in the payment program will be terminated. You will receive a notice in the mail that your participation is terminated in the payment plan. Once terminated, you will be responsible for your cost share at the time of filling your medications.   * Click the **Caller agrees with Terms and Conditions** checkbox when the beneficiary agrees with the above statement. | |
| **9** | Click the **Submit** button after all required fields have been completed.   * The Opt In/Out Confirmation pop-up message will display, “Your request to opt in/opt out of the Medicare Prescription Payment Plan has been submitted. Your confirmation number is [XXX].” * Read the confirmation message to the beneficiary including the provided confirmation number and any additional information, then click **Close**.     **Result:** M3P Summary page will display.  **Note:** An error message will display if there is a system issue or any exceptions. | |

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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:**

* **System Error:** Unableto access opt out link in COMPASS or receiving an error message.

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

* Specify the error being encountered
* Location where the errors occur (Eligibility check/Submission)

M3P Support Tasks are worked within 24-48 hours. The beneficiary will be contacted by phone with resolution or with an automated confirmation call/letter.

**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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