**Compass MED D – Opt-In Process for Medicare Prescription Payment Plan**

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**Description****:** This document outlines the process to Opt-In a beneficiary to the Medicare Prescription Payment Plan in Compass 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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| When can a beneficiary opt-in to the program? |

* A beneficiary can opt-in to the Medicare Prescription Payment Plan whenever eligibility is available in the system.
* If a beneficiary is requesting to opt-in prior to plan eligibility being available:

I am unable to find active Part D prescription coverage that qualifies for participation in the Medicare Prescription Payment Program. If you believe this is a mistake, please contact your health plan for assistance (offer to warm transfer if plan number is available in CIF). When we receive updated records, you can opt-in using the plan’s website or call back to opt-in.



* For beneficiaries who opted-in to the Medicare Prescription Payment Plan in 2025, their Part D plan will automatically renew their participation in the program for 2026 and future years **unless they opt out**.
* Beneficiaries do not need to reapply each year. Their participation continues unless they notify the plan that they want to leave the program.
  + **Note:** If a beneficiary changes their Medicare Part D plan, their Medicare Prescription Payment Plan participation **will not carry over**. The beneficiary must opt in again with the new plan to continue participating.
* Beneficiaries can choose to opt out at any time. Participation is not mandatory.

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| Opt-In Process |

 For beneficiaries who receive Extra Help (LIS), first refer to the LIS section of the [Compass MED D – Medicare Prescription Payment Plan Guidelines](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54f362a8-c10b-43c3-b4dd-124af1173532) document to determine if they are Likely to Benefit from opting-in to the Medicare Prescription Payment Plan.

Follow the steps below:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | | | | | |
| **1** | Verify Member’s Eligibility Preference  A screenshot of a computer  AI-generated content may be incorrect. | | | | | | | | | |
| **If…** | | | **Then…** | | | | | | |
| Active line | | | Select the Current line of Eligibility. | | | | | | |
| Future line – Current Year | | | Select the Future Line of Eligibility. | | | | | | |
| Future line – Upcoming Plan Year | | | The options will vary based on the date. | | | | | | |
| **If…** | | | **Then…** | | | |
| Prior to October 15th | | | Educate the beneficiary on how to opt-in via the self-serve options after October 15th.  Refer to [Caremark.com Medicare Prescription Payment Plan – Member Portal Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dcabb015-1927-48bf-8057-fe6915882304). | | | |
| On or after October 15th | | | Select the Future Line of Eligibility. | | | |
| If both | | | Select Current line of Eligibility and submit an [Opt In/Opt Out Support Task](#_Opt-In/Opt-Out_Support_Task) for the Future Line of Eligibility. | | | | | | |
| **2** | Prior to opting a member into the Medicare Prescription Payment Plan, confirm if there are any Mail Order prescriptions in process or recent Retail claims (that have not been picked up/paid for).  Refer to [Compass - Claims Landing Page](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8f0ac8f-b076-4187-944d-2cf65b0ec799). | | | | | | | | | |
| **If…** | | | | **Then…** | | | | | |
| Yes | | | | Would you like your order for **<Drug Name>** to be included in the Medicare Prescription Payment Plan? | | | | | |
| **If…** | | | | **Then…** | |
| Yes – **Retail** and the beneficiary has not yet picked up their medication | | | | * Complete the opt-in process. * The beneficariy will receive their confirmation call within 24 hours. * After receiving the call, the beneficiary should contact their local pharmacy and request the claim(s) to be processed with the M3P benefit. | |
| Yes – **Mail Order** | | | | Complete the opt-in process. | |
| **Step** | **Action** |
| **1** | Refer to the **Cancelling In Process Orders** section in [Compass - Editing and Cancelling In Process Orders](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98a7a9d6-b7fc-4471-9168-f6e3c3d2a14a) to cancel the order, if possible. |
| **2** | Submit an **M3P - Opt In/Opt Out Exception** Support Task to have the mail order re-started once the Medicare Prescription Payment Plan benefit is active. |
| **3** | Continue to the **next step.** |
| No | | | | Continue to the **next step.** | |
| No | | | | Continue to the **next step**. | | | | | |
| **3** | 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.    A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The M3P screen displays. | | | | | | | | | |
| **4** | From the **Summary** tab, review the **Opt in Status** section. **Example:**  A screenshot of a computer  AI-generated content may be incorrect.  **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:**   * **No Expanded Services:** Client handles Medicare Prescription Payment Plan program participation management but has contracted with CVS Caremark to provide claims processing management, general 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.”   * **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).” | | | | | | | | | |
| **If...** | | | | | **Then...** | | | | |
| CVS 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:**  A screenshot of a computer  AI-generated content may be incorrect. | | | | |
| CVS 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. | | | | |
| CVS 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. | | | | |
| **5** | Click the **Opt In/Opt Out** tab to begin the Opt In process.  **Result:** The **Opt In/Opt Out** screen displays.  A screenshot of a computer  AI-generated content may be incorrect. | | | | | | | | | |
| **6** | 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 In 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  A screenshot of a phone  AI-generated content may be incorrect. | Proceed to the next step. | | | | | | | | |
| All Other Caller Types  A screenshot of a phone  AI-generated content may be incorrect. | * 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 provided disclaimer and provide information for POA or AOR. Then click the **Cancel** button to exit the Opt In process.   A screenshot of a computer  AI-generated content may be incorrect. | | | | | | | | |
| **7** | In the **Opt In / Opt Out Election Information** section of the form, complete the following fields:   * **Request Type:** Select **Opt In** from drop-down arrow * **Plan Year:** Select plan year from drop-down arrow * **Effective Date:** Input date to begin 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 ask the beneficiary what date they want to be effective or change this date unless the beneficiary specifically asks.     - If effective date is outside of the selected plan year, error message will display, “Select an Effective Date within the selected Plan Year.”     - The Opt-In Effective Date cannot be more than 3 months in the future. * Click **Check Eligibility** button,   + **Note:** The Check Eligibility button will only be enabled after all required fields in the **Opt In / Opt Out Election Information** section are completed. | | | | | | | | | |
| **8** | 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 In to 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 **Opt In Confirmation** section.     - 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-In process. | | | | | | | | | |
| **Validation Title** | | **Messaging If Validation Fails** | | | | | **Additional CCR Actions** | | |
| 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. | | | | | Refer to [Compass MED D – Medicare Prescription Payment Plan Guidelines](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54f362a8-c10b-43c3-b4dd-124af1173532) as needed to answer additional member questions. | | |
| Check Opt In/Opt Out Status | | Member is currently Opted In to M3P. | | | | | Review the information available on the **Opt In/Opt Out History** sub-tab.   * The **Opt In/Opt** **Out History** **– Confirmed Transactions** section displays a record of each time a beneficiary has opted in or opted out of the Medicare Prescription Payment Plan. | | |
| Check Pending Transactions | | Member is currently Opted In to M3P or has an in-process request to Opt In to M3P. | | | | | Review the information available on the **Opt In/Opt Out History** sub-tab.   * The **Opt In/Opt Out History – All Transactions** section displays a record of each time a beneficiary has requested to opt in/opt out of the Medicare Prescription Payment Plan. | | |
| 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. | | | | | Review the **Member Details** panel on the Member Snapshot Landing Page for the **Coverage** dates of the member’s Part D coverage. | | |
| 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]. | | | | | Update the **Effective Date** field in **Opt In / Opt Out Election Information** section of the form (Step 5 above). | | |
| Not a Retroactive Request | | Submit an Opt In/Opt Out Exception Support Task for retro-active Opt In requests. | | | | | Refer to the “Billing Exception Support Task” section of [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) for additional information. | | |
| Overdue Payment | | The member must pay their overdue M3P balance before opting in to M3P again. | | | | | Assist the member with making a one-time payment and offer to add a card on file to automatically charge the amount due so they don’t have to worry about making payments.    Refer to the “Making One-Time Payments or Setting Up Automated Payments for the Medicare Prescription Payment Plan” section of [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) for additional information. | | |
| 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. | | | | | Update the **Effective Date** field in **Opt In / Opt Out Election Information** section of the form (Step 5 above). | | |
| **9** | Read the following **Opt In Confirmation** text to the beneficiary:  The Medicare Prescription Payment Plan is a voluntary program that allows you to spread your out-of-pocket costs for covered Part D drugs across the remaining months of the plan year. The program does not affect your total prescription cost. Any applicable plan premiums are billed and should be paid separately from your Prescription Payment Plan billing statement. By opting in to the program, you (or your authorized representative) are indicating you understand these Medicare Prescription Payment Plan terms and conditions. You are agreeing to be financially responsible for all amounts billed under the program. If you do not pay the amounts due under the program you will be terminated from the program and will not be allowed to opt in again until the amounts owed are repaid in full. You can choose to opt out of the program at any time, however any outstanding amounts owed will continue to be billed and must be paid.    We will submit your opt-in request and within 24 hours your participation in the payment program will be confirmed. You will receive an automated phone call and a notice in the mail that your participation is active in the payment plan. Once confirmed, you will be able to obtain your medications at the pharmacy (or via mail order) without paying your cost share up front. Instead, you will receive an invoice on a monthly basis. Expect your first invoice within the next month of your opt-in effective date. Your invoice will have directions on how to set up recurring or one-time payments.  Would you like to add a card on file now to automatically charge the amount due, so you don’t have to worry about making payments? | | | | | | | | | |
| **10** | Click the **Caller agrees with Terms and Conditions** checkbox when the beneficiary agrees with the above statement.  **Note:** If the member answered “Yes” to adding a card on file to automatically charge the amount due each month, this can be done after submitting the Opt In request | | | | | | | | | |
| **11** | 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 to 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 tab displays. As needed, proceed to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) for the process of forecasting future payment amounts and setting up automatic payments.  **Note:** An error message will display if there is a system issue or any exceptions. If you receive a “Plan not found” error, submit a System Error support task. Refer to [Opt In/Opt Out Support Task](#_Opt_In/Opt_Out). | | | | | | | | | |

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| Verification of Opt-In Processing |

Follow the process below to confirm if an Opt-In request has been processed:

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| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Navigate to the Opt-In/Opt-Out History tab. Refer to [Compass MED D - View Medicare Prescription Payment Plan Tab](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1499eb51-644e-43c0-8889-8b6e05759669).  A red and white flag  AI-generated content may be incorrect. | | |
| **2** | Does the **All Transactions** section have an Active Request for Opt-In?  A screenshot of a computer  AI-generated content may be incorrect. | | |
| **If…** | **Then…** | |
| Yes | Move to the **next step**. | |
| No | Process an Opt-In Request. | |
| **3** | Review **Confirmed Transactions** section for the above Active Request for Opt-In.  A screenshot of a computer  AI-generated content may be incorrect. | | |
| **If…** | **Then…** | |
| Found | The Medicare Prescription Payment Plan is active and will apply to the next claim. | |
| Not Found | Has it been 24 hours? | |
| **If…** | **Then…** |
| Yes | Submit a Support Task for Research. |
| No | Advise that it may take up to 24 Hours for the Medicare Prescription Payment Plan to become active. |

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| Denial Notice |

If the beneficiary calls and says they’ve received a denial notice to participate in the Medicare Prescription Payment Plan, follow the steps below:

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| **Step** | **Action** |
| **1** | Check ONEclick to locate the denial notice for the beneficiary by:   * Clicking the **Communications** hyperlink in the **Quick Actions** panel. * Selecting **Other Member Letters** in the **Communications Quick Links** panel.   Refer to [Compass MED D - Viewing Correspondence and Requesting Reprints](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c) for additional information as needed. |
| **2** | Review the reasons for the denial with the beneficiary and offer to opt in via phone. |

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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:**

* **Retro Request:** Submitted when errors or mistakes in the effective date are identified. Beneficiary cannot request without cause.
* **RFI Response**: Refer to [Compass MED D – Medicare Prescription Payment Plan – Request for Information and Denial Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b1cbda1-21e3-4630-8780-97ab64f44878).
* **System Error:** Unableto access opt in 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)
* Whether the beneficiary has agreed to the terms and conditions

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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| Involuntary Termination (Failure to Pay) and Re-Opt In Process |

A beneficiary may call Care because they have received a notice explaining they have been involuntarily terminated from the Medicare Prescription Payment Plan for non-payment of billing amounts:

* They don’t understand why they received a notice.
* They say they signed up for auto-pay.
* They don’t agree with having an outstanding balance.
* They want to continue participating in the Medicare Prescription Payment Plan program, and they agree to pay the balance due.

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Confirm the beneficiary’s reason for calling. | | |
| **If...** | **Then...** | |
| They don’t understand why they received a termination notice. | Look up the termination notice in OneClick and review it with the beneficiary. | |
| They say they signed up for auto-pay.  They don’t agree with the balance owed on the notice and/or they believe they paid the billing amount due. | If they have further questions, signed up for auto-pay, or dispute the balance owed, refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) - **Billing Exception Support Task**.  I will be opening a request on your behalf to review your question and concern. You should receive a response within 5 business days. | |
| They want to pay the past due billing amount and they want to continue to participate in the Medicare Prescription Payment Plan program. | The beneficiary **must pay all past due billing amounts**, and then they can be re-opted in to the program. | |
| **If…** | **Then…** |
| It’s past the current invoice due date | The beneficiary must pay the full **Current Balance** to be reinstated.  In this example, the balance due is **$279.09**. |
| It’s before the current invoice due date | Subtract the **Current Invoice Amount** from the **Current Balance**.  In this example, the balance due is **$143.23** ($279.09 **-** $135.86 = $143.23). |
| Refer to [Compass MED D – Billing, Payments, & Forecasting - Medicare Prescription Payment Plan](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=955acdc4-aa21-499b-8481-41a58f44cc20) - **Making One-Time Payments** section.  I can process your payment at this time. When it is accepted I can you opt you into the program. Would you like to do that now?   * If the beneficiary wants to call back at another time:   You can call back at any time on the same number you called today.  **Note:** The CCR will process the payment and submit an [Opt In/Opt Out Exception Support Task](#_Opt-In/Opt-Out_Support_Task) to have the mail order re-started once the Medicare Prescription Payment Plan benefit is active. | |

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| Downtime Process - System Outage |

If there is a wide-spread system outage that prevents CCRs from being able to opt-in beneficiaries to the Medicare Prescription Payment Plan, CCRs should use the link below:

<https://forms.office.com/r/ZshHkD0Xiy>

**Note:** This form is not intended for one-off user system issues.

All other Medicare Prescription Payment Plan-related inquiries that would be impacted by a system outage should follow standard downtime procedures.

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| Downtime Process - Standard Maintenance |

The Medicare Prescription Payment Plan system will have a standard maintenance process that will occur weekly during the following days and times. Opt-In to the Medicare Prescription Payment Plan may not be available for some or all of the maintenance schedule.

**Standard Maintenance Schedule:**

* **Sunday:** 2:01 a.m. CT - 11:00 a.m. CT
* **Tuesday:**  10:01 p.m. CT – 1:30 a.m. CT
* **Thursday**: 10:01 p.m. CT – 1:30 a.m. CT

If you are unable to process an opt-in request for the beneficiary, follow the steps below:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Read the following **Opt In Confirmation** text to the beneficiary:  The Medicare Prescription Payment Plan is a voluntary program that allows you to spread your out-of-pocket costs for covered Part D drugs across the remaining months of the plan year. The program does not affect your total prescription cost. Any applicable plan premiums are billed and should be paid separately from your Prescription Payment Plan billing statement. By opting in to the program, you (or your authorized representative) are indicating you understand these Medicare Prescription Payment Plan terms and conditions. You are agreeing to be financially responsible for all amounts billed under the program. If you do not pay the amounts due under the program you will be terminated from the program and will not be allowed to opt in again until the amounts owed are repaid in full. You can choose to opt out of the program at any time, however any outstanding amounts owed will continue to be billed and must be paid.    We will submit your opt-in request and within 24 hours your participation in the payment program will be confirmed. You will receive an automated phone call and a notice in the mail that your participation is active in the payment plan. Once confirmed, you will be able to obtain your medications at the pharmacy (or via mail order) without paying your cost share up front. Instead, you will receive an invoice on a monthly basis. Expect your first invoice within the next month of your opt-in effective date. Your invoice will have directions on how to set up recurring or one-time payments. | |
| **2** | Do you agree with these terms and conditions? | |
| **If…** | **Then…** |
| Yes | Transfer to the Senior Team to capture a manual opt-in request. 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).  Senior Team will obtain the required information from the beneficiary and opt them in once the system becomes available. |
| No | Assist the beneficiary with any other inquiries. |

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| FAQs |

Refer to the following Frequently Asked Questions:

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| **#** | **Question** | **Answer** |
|  | Will I need to re-enroll each year or what happens at the end of a plan year? | **Automatic Renewal**  For beneficiaries who opted-in to the Medicare Prescription Payment Plan in 2025, your Part D plan will automatically renew your participation in the program for 2026 and future years **unless you opt out**.  **No Action Required**   * Beneficiaries do not need to reapply each year. Their participation continues unless they notify your plan that they want to leave the program.   + **Note:** If a beneficiary changes their Medicare Part D plan, their Medicare Prescription Payment Plan participation **will not carry over**. The beneficiary must opt in again with your new plan to continue participating.   **Voluntary Participation**   * Beneficiaries can choose to opt out at any time. Participation is not mandatory. |

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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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