

# M3P – Medicare Prescription Payment Plan

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## M3P - Medicare Prescription Payment Plan

### What is M3P?

The **Medicare Prescription Payment Plan (M3P)** offers a convenient payment option for beneficiaries to manage their out-of-pocket Medicare Part D drug costs in monthly payments instead of all at once at the pharmacy.

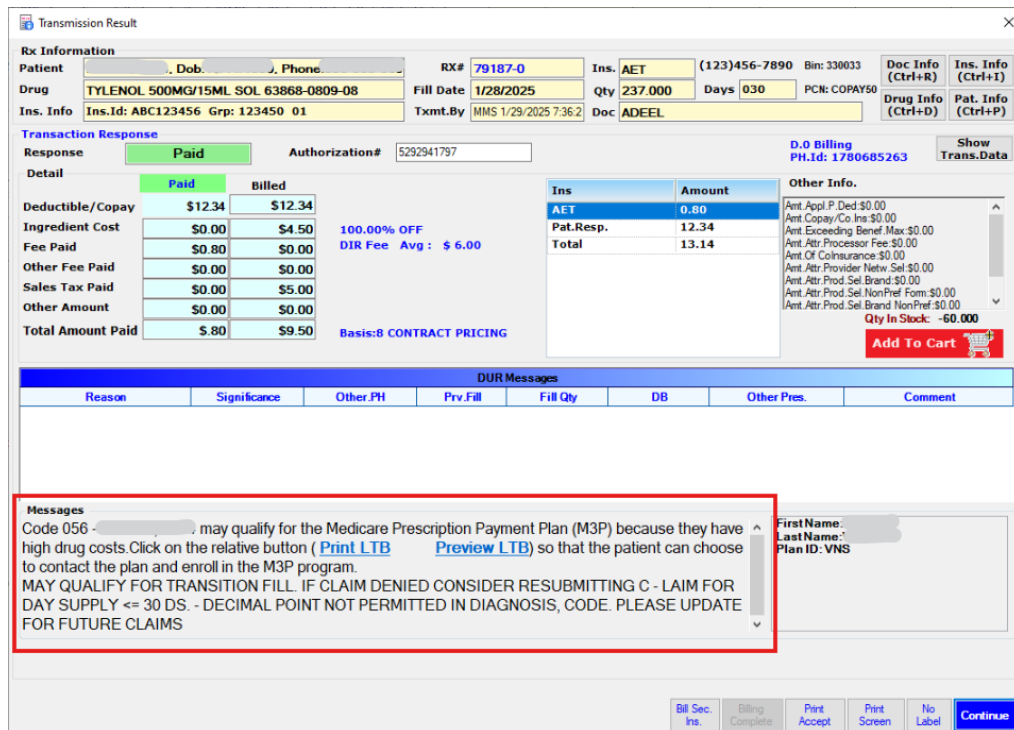
#### Key Features:

1. PrimeRx notifies pharmacists with the Likely to Benefit Notice directly on adjudicated claims when a Medicare Part D beneficiary is eligible for M3P.
2. These alerts help pharmacies identify patients likely to benefit from the program, typically those over 65 years of age (eligibility criteria may vary by Part D sponsor).
3. Pharmacy staff can print **Likely to Benefit** notices from the adjudicated claim results and provide them to the patient.
4. These notices are provided to patients at the time of medication dispensing, ensuring they understand the M3P enrollment process.

### How does it work?

#### 1. For New Participants

- a. If a patient qualifies for M3P, upon transmitting the claim pharmacy receives below message with approved code 056 under the Messages section.
- b. The pharmacist will print that out and give the enrollment information to the patient on how to sign up for the plan.



**Transmission Result**

**Rx Information**

Patient: J. Dob. J. Phone. RX# 79187-0 Ins. AET (123)456-7890 Bin: 330033 Doc Info (Ctrl+R) Ins. Info (Ctrl+I)

Drug: TYLENOL 500MG/15ML SOL 63868-0809-08 Fill Date 1/28/2025 Qty 237.000 Days 030 PCN: COPAY50 Drug Info (Ctrl+D) Pat. Info (Ctrl+P)

Ins. Info: Ins.Id: ABC123456 Grp: 123450 01 Txmt.By MMS 1/29/2025 7:36:2 Doc ADEEL

**Transaction Response**

Response: Paid Authorization# 5292941797 D.O Billing PH.Id: 1780685263 Show Trans.Data

**Detail**

	Paid	Billed
Deductible/Copay	\$12.34	\$12.34
Ingredient Cost	\$0.00	\$4.50
Fee Paid	\$0.80	\$0.00
Other Fee Paid	\$0.00	\$0.00
Sales Tax Paid	\$0.00	\$5.00
Other Amount	\$0.00	\$0.00
<b>Total Amount Paid</b>	<b>\$0.80</b>	<b>\$9.50</b>

100.00% OFF DIR Fee Avg: \$ 6.00 Basis:8 CONTRACT PRICING

**Ins Amount**

Ins	Amount
AET	0.80
Pat.Resp.	12.34
<b>Total</b>	<b>13.14</b>

**Other Info.**

Ant. Appl. P. Ded. \$0.00  
Ant. Copay/Co. Ins. \$0.00  
Ant. Exceeding Benef. Max. \$0.00  
Ant. Atr. Processor Fee \$0.00  
Ant. Of Coinsurance \$0.00  
Ant. Atr. Provider Netw. Sel. \$0.00  
Ant. Atr. Prod. Sel. Brand \$0.00  
Ant. Atr. Prod. Sel. NonPref. Form \$0.00  
Ant. Atr. Prod. Sel. Brand NonPref. \$0.00

Qty In Stock: -60.000

**ADD TO CART**

**DUR Messages**

Reason	Significance	Other PH	Prv. Fill	Fill Qty	DB	Other Pres.	Comment
<p><b>Messages</b></p> <p>Code 056 - J. may qualify for the Medicare Prescription Payment Plan (M3P) because they have high drug costs. Click on the relative button ( <a href="#">Print LTB</a> <a href="#">Preview LTB</a> ) so that the patient can choose to contact the plan and enroll in the M3P program.</p> <p>MAY QUALIFY FOR TRANSITION FILL IF CLAIM DENIED CONSIDER RESUBMITTING C - LAIM FOR DAY SUPPLY &lt;= 30 DS. - DECIMAL POINT NOT PERMITTED IN DIAGNOSIS, CODE. PLEASE UPDATE FOR FUTURE CLAIMS</p>							

First Name: Last Name: Plan ID: VNS

Bill Sec. Ins. Billing Complete Print Accept Print Screen No Label Continue

#### 2. Patients Already Enrolled in the Program

- a. Pharmacy is notified if a patient is approved/enrolled in two ways.
- b. One, patient signs up for M3P plan and shares BIN/PCN with pharmacy to bill the copay, or
- c. Two, when Pharmacy attempts to bill the prescription next time to Medicare Part D, during transmission Result shows message with approved code 057 confirming enrollment and insurance plan details at the bottom.

- d. Pharmacy can add the plan details to the patient profile and then bill the prescription for any upcoming eligible prescription to the payment assistance program.

Transmission Result

**Rx Information**

Patient: **Dob:** , **Phone:** , **RX#** 61228-0 , **Ins.** AET , 18887928742 , **Bin:** 330033 , **Doc Info** (Ctrl+R) , **Ins. Info** (Ctrl+I)

**Drug** FLO-COAT 100% BUS 59061-6327-18 , **Fill Date** 1/14/2025 , **Qty** 10.000 , **Days** 010 , **PCR:** COPAY50 , **Drug Info** (Ctrl+D) , **Pat. Info** (Ctrl+P)

**Ins. Info** **Ins.Id:** 123456789102222222 Grp: 131 01 , **Txmt.By** 1/30/2025 9:38:4 , **Doc**

**Transaction Response**

**Response** **Paid** , **Authorization#** 250053072734004999 , **PLEASE CHECK PRICE BEING BILLED FOR THIS DRUG** , **D.O Billing** PH.Id: 5164087242 , **Show Trans.Data**

**Detail**

	Paid	Billed
Deductible/Copay	\$4.80	\$4.80
Ingredient Cost	\$1,680.67	\$1,680.67
Fee Paid	\$0.05	\$2.00
Other Fee Paid	\$0.00	\$0.00
Sales Tax Paid	\$0.00	\$0.00
Other Amount	\$0.00	\$0.00
<b>Total Amount Paid</b>	<b>\$1675.92</b>	<b>\$18.15</b>

**100.00% OFF** , **DIR Fee** Avg: \$ 9.00

**Ins** **Amount** **Other Info.**

Ins	Amount	Other Info.
AET	1675.92	Accum. Ded. Amt: \$75,999.99
Pat.Resp.	4.80	Ant. Copay Co. Ins: \$4.80
<b>Total</b>	<b>1680.72</b>	Benefit Stage: 01 500.19
		Benefit Stage: 02 1188.19

**Qty In Stock:** **Add To Cart**

**DUR Messages**

Reason	Significance	Other PH	Prv Fill	Fill Qty	DB	Other Pres.	Comment
THERAPEUTIC	UNDETERMINED	OTHER	01/06/2025	0000007.000	MEDI-SPAN	SAME PRESCRIBER	BUPRENORPHINE
THERAPEUTIC	UNDETERMINED	OTHER	01/06/2025	0000007.000	MEDI-SPAN	SAME PRESCRIBER	MIXED OPION AGONISTS/ANTAGONIS

**Messages**

Code 057 - Beneficiary participating in Prescription Payment Plan.  
The Patient is enrolled in M3P (Medicare Prescription Payment Plan). Patient copay should be billed to this Payment Plan. Please review the plan details below and bill as an additional insurance plan.

**D.O.B:** , **Group ID:** , **Network Reimb ID:** MDR1510057

**Patient Insurance Information**

Order	PAYIDQ	Bin#	Process Code	Patient ID	Group#	Person C	Phone#	RELATIONCD	EFFECTIVEDATE	TERMINATIONDATE	Insuran
02	03	004336	MEPPOR	GA7801500	RXCVD	01		1			

**Bill Sec. Ins.** **Billing Complete** **Print Accept** **Print Screen** **Continue**

### 3. Patients that are not participating in the program.

- a. If the message has code 58 that means a patient is currently not participating in M3P program.

Transmission Result

**Rx Information**

Patient: **Dob:** , **Phone:** , **RX#** 79187-0 , **Ins.** AET , (123)456-7890 , **Bin:** 330033 , **Doc Info** (Ctrl+R) , **Ins. Info** (Ctrl+I)

**Drug** TYLENOL 500MG/15ML SOL 63868-0809-08 , **Fill Date** 1/28/2025 , **Qty** 237.000 , **Days** 030 , **PCR:** COPAY50 , **Drug Info** (Ctrl+D) , **Pat. Info** (Ctrl+P)

**Ins. Info** **Ins.Id:** ABC123456 Grp: 123450 01 , **Txmt.By** MMS 1/29/2025 3:06:1 , **Doc** ADEEL

**Transaction Response**

**Response** **Paid** , **Authorization#** 5292941797 , **D.O Billing** PH.Id: 1780685263 , **Show Trans.Data**

**Detail**

	Paid	Billed
Deductible/Copay	\$12.34	\$12.34
Ingredient Cost	\$0.00	\$4.50
Fee Paid	\$0.80	\$0.00
Other Fee Paid	\$0.00	\$0.00
Sales Tax Paid	\$0.00	\$0.00
Other Amount	\$0.00	\$0.00
<b>Total Amount Paid</b>	<b>\$8.80</b>	<b>\$9.50</b>

**100.00% OFF** , **DIR Fee** Avg: \$ 6.00

**Ins** **Amount** **Other Info.**

Ins	Amount	Other Info.
AET	0.80	Ant. Appl. P. Ded: \$0.00
Pat.Resp.	12.34	Ant. Copay Co. Ins: \$0.00
<b>Total</b>	<b>13.14</b>	Ant. Exceeding Benef. Max: \$0.00
		Ant. Atr Processor Fee: \$0.00
		Ant. Of Co Insurance: \$0.00
		Ant. Atr Provider Netw. Set: \$0.00
		Ant. Atr Prod. Set. Brand: \$0.00
		Ant. Atr Prod. Set. NonPref. Form: \$0.00
		Ant. Atr Prod. Set. Brand NonPref: \$0.00

**Qty In Stock:** -60.000 , **Add To Cart**

**DUR Messages**

Reason	Significance	Other PH	Prv Fill	Fill Qty	DB	Other Pres.	Comment
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**Messages**

Code 058 - Beneficiary has opted not to participate in the Prescription Payment Plan.

**First Name:** , **Last Name:** , **Plan ID:** VNS

**Bill Sec. Ins.** **Billing Complete** **Print Accept** **Print Screen** **No Label** **Continue**