	Question	Answer
1.	**Is the annual spending cap in the M3P program connected in any way to the Medicare Part D coverage gap ("donut hole")?**	The donut hole was eliminated beginning 1/1/2025 - now, Medicare Part D beneficiaries are only responsible to pay up to the $2000 maximum out of pocket (in 2026, this increases $2100), which is the maximum amount eligible for smoothing on the M3P.
2.	**How do patients enroll in M3P, and can they enroll online through their plan's portal instead of calling member services?**	They can enroll either by calling their plan, completing their plan's PDF opt in form, or, for some plans, logging into their plan's portal. More simply though, patients can visit GetMyMeds.com to enroll - it's a free site with the only universal M3P opt in tool that helps patients fill out their plan's form, and then securely delivers their opt in form to their plan.
3.	**If a patient enrolls in M3P during a plan year, do they need to opt in again the following year, or does enrollment continue automatically?**	If a patient remains with the same plan between plan years and is opted into M3P, they will be automatically re-enrolled in their plan's M3P for the following year. If they change plans, however, they will need to opt in with the new plan.
4.	**If a patient switches pharmacies, does their M3P enrollment transfer to the new pharmacy?**	Yes. When any pharmacist runs the claim for a patient, it will return the NCPDP code, 057, which lets any pharmacist or tech know that the person is opted into M3P and that they need to readjudicate the claim accordingly.
5.	**If a patient's Medicare Part D information is already in the pharmacy system, will it automatically identify whether they are enrolled in M3P?**	Yes, the PMS will return the NCPDP code 057, which highlights that the patient is opted into the program.
6.	**Is there a way for pharmacies to verify M3P eligibility without relying on the patient to report their enrollment?**	When a pharmacist runs the claim, if the PMS returns the NCPDP code 057, that will confirm their participation in the program.
7.	**What is the most reliable way for pharmacy staff to confirm eligibility before each fill?**	When a pharmacist runs the claim, if the PMS returns the NCPDP code 057, that will confirm their participation in the program.
8.	**What indicators or system messages notify pharmacy personnel that a patient is enrolled and should not be charged a copay at the point of sale?**	When a pharmacist runs the claim, if the PMS returns the NCPDP code 057, that will confirm their participation in the program.
9.	**When multiple prescriptions are processed together—such as three medications totaling $600—how and when is the LTB message generated?**	The LTB is not based on the cumulative total of all prescriptions presented at one time, but on the cost of the individual drug. So in your example of three medications totaling $600, the LTB would not be generated if the cost-sharing for each of the three prescriptions is less than the $600 threshold.

	Question	Answer
10.	When a patient is enrolled in M3P, does the plan/PBM reimburse the pharmacy the same amount it would normally receive when collecting a standard copay?	Yes, the plan/PBM will reimburse the pharmacy the same total amount it would have received if the patient had paid the standard out-of-pocket (OOP) cost-sharing upfront.
11.	Does the PBM pay the pharmacy on behalf of M3P-enrolled patients within a required timeframe?	Yes, the PBM (acting on behalf of the Part D plan sponsor) must reimburse the pharmacy for the full claim, including the M3P-enrolled patient's out-of-pocket (OOP) cost-sharing, according to the Part D prompt payment requirements. Electronic claims: The plan sponsor (via the PBM) must generally reimburse the pharmacy for electronic claims no later than 14 days after the claim is received. Other claims: Reimbursement for claims submitted through other methods (non-electronic) must be made no later than 30 days after the claim is received.
12.	Will pharmacies continue to use the same submission codes in a way that functions similarly to copay billing?	Yes, but the process is more complex. Pharmacies will use the same NCPDP Telecommunication Standard fields, but they must submit a secondary claim specifically for the Medicare Prescription Payment Plan (M3P) portion, which functions like a Coordination of Benefits (COB) claim.
13.	For patients enrolled in M3P, is a copay ever collected on the initial Part D claim before COB reduces the patient cost to $0?	No copays are ever collected when a patient is opted into M3P.
14.	Does the M3P BIN/PCN information originate from the primary Part D plan, or is it issued separately by M3P?	Yes, the secondary BIN and PCN information is per plan.
15.	If a system flags a patient as M3P-eligible but the secondary claim rejects—and PBM support staff are unfamiliar with the program—how should the pharmacy proceed?	First, attempt to readjudicate/correct the secondary claim. If this does not work, you should call the Part D Plan to request an override or workaround. If the first two are not possible/do not work, dispense with $0 copay and follow up. If immediate resolution is not possible and the prescription is needed, the pharmacy must prioritize patient access and compliance with the M3P program. Do not collect the copay, and dispense the medication. Your pharmacy will assume a temporary receivable for the patient's OOP amount. Document everything - record the time, rejection code, the name of the PBM support staff contacted, and the total OOP amount that was not collected. This documentation will be essential for subsequent billing adjustments or appeals. Then, work with the PBM/Plan's claims department to properly re-adjudicate and reconcile the secondary M3P claim as soon as the system error is fixed, ensuring you're reimbursed for the dispensed amount according to prompt payment rules.

	Question	Answer
16.	Are codes 056, 057, and 058 intended for hospital-based claims rather than retail pharmacy use?	No, 056, 057, and 058 are the NCPDP codes that are returned when the pharmacists initially runs the claim.
17.	Does M3P primarily benefit patients taking high-cost medications?	While M3P certainly can be beneficial to patients taking high-cost medications, the determining factor of whether a beneficiary is likely to benefit from the program is their ability to pay. Even for medications that may cost a few hundred dollars, the M3P may be the differentiator for a patient between picking it up versus not.
18.	Are all medications required to be processed through M3P for enrolled patients, or only medications with high out-of-pocket costs?	Yes, M3P is an all-or-nothing program, so once a patient is opted into the program, all medications will be billed to the M3P.
19.	How long does M3P enrollment approval typically take, especially for patients needing medication quickly?	The fastest method of enrollment is to have the patient call into the plan if they need their medications urgently. If they submit an online or paper form, opt in confirmation can take between a couple of hours to several business days if they mail the form. Once the plan receives the form, it's required to notify the patient of opt in within 24 hours.
20.	For ambulatory care pharmacists who counsel patients about high-cost medications, what additional steps can they take to support patients who may benefit from M3P beyond simply informing them that the program exists?	If the patient decides they want to enroll, you can suggest either that they call the plan, or prompt them to visit GetMyMeds.com for the universal M3P opt in tool, where they can securely complete their plan's enrollment form, which will then be transmitted for free to the plan.