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PACE is a comprehensive, coordinated model of care designed to meet the needs of frail elders. There are several key differences between the way in which PACE organizations (POs) provide the Part D benefit and how it is provided by other Part D plans.

Tracking of TrOOP

- **Dual Eligible Beneficiaries:**
CMS fully subsidizes dual eligible individuals' Part D coverage in PACE organizations. Therefore, consistent with PACE rules, there is no beneficiary out-of-pocket expense, which eliminates the applicability of TrOOP for these beneficiaries.
- **Beneficiaries Eligible for Only Medicare:**
PACE beneficiaries who are only Medicare eligible pay a supplemental premium based on the anticipated cost-sharing covered by the PACE plan. As a result, for these beneficiaries TrOOP does not apply.

Accessing Covered Part D Drugs

For the most part, POs fully coordinate their participants' access to covered Part D drugs, providing prescriptions directly to the participant. As a result, most POs are not set up for real-time, on-line prescription drug claims processing and neither have nor report 4Rx data to CMS.

Transferring Data When a Beneficiary Changes Plans

When a beneficiary disenrolls from a PO and re-enrolls in another Part D plan at any time during the coverage year, the PO is required to transfer the TrOOP balance (if any) and the gross covered drug spending to new plan of record to permit the correct placement of the beneficiary in the benefit.

CMS will continue to develop guidance to further clarify the applicability of the COB requirements to the POs.