**MED D - RxEnroll Care Downtime Procedures - Address Changes and Out of Area (OOA)**

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**Description:** The goal of this document is to provide the Customer Care Representative (CCR) with guidance in processing address changes and Out of Area (OOA) processing in **Medicare D Inquiry Tab** and the **Participant Inquiry** **Tab** of **PeopleSafe** when RxEnroll Care is unavailable.

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| General Information |

The beneficiary’s **residential address** (also known as **home or permanent address**) has a direct influence on his/her MED D Enrollment and Eligibility with his/her current Part D plan sponsor. An individual must reside within the plan’s service area to be eligible for Medicare Part D.

In accordance with CMS guidance, a Part D plan must involuntarily disenroll a beneficiary from the plan for the following reasons:

* A permanent change in residence (new region)
* Permanent move outside of the country
* Beneficiary is confirmed incarcerated

If the beneficiary choses to remain with the plan after moving to a new region, moving back to the country or no longer incarcerated, a new enrollment is required for their new service area.

**DO NOT** refer the beneficiary to MEDICARE for any reason if they have moved out of the service area.

**Exception:** The beneficiary is exempt from disenrollment if the beneficiary is currently in the SSI Choice Plan with an original enrollment source of Auto/Facilitated, Reassigned enrollee with LIS 1, 2, 3, or 4 for the current benefit year, and has not confirmed his/her permanent address within the 12 month timeframe; however, these beneficiaries will be disenrolled if they confirm that they have permanently moved outside of the region or into a state above the benchmark and the Plan is able to contact the beneficiary.

* Refer to MED D - [Approved Referral Guidelines to Medicare and Social Security](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/ax02205/Desktop/Ready%20to%20Post/CMS-2-026165).

**Beneficiary received an Out of Area letter (DSOOA or DHOOA):** When MEDICARE is notified that a beneficiary that a beneficiary may no longer reside in their SilverScript (PDP) or Blue MedicareRx (NEJE) Medicare Part D region, SilverScript or Blue MedicareRx (NEJE) is required to attempt to contact the beneficiary by phone or mail. The plan may be notified by Medicare through TRC or when the plan received a yellow sticker (return mail) from the USPS advising of a new address for the beneficiary. Sample OOA letters:

* [MED D - SilverScript OOA Sample Letter - English](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080076)
* [MED D - Blue MedicareRx (NEJE) OOA Sample Letter](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080075)

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| When is an Update Needed |

**Events Requiring Updates to Home or Mailing Address**

An address update for a Home or mailing address may be needed for a variety of reasons:

* Beneficiary has moved and needs to update his/her residential address, referred to as **Permanent (Home/Residential)** **Address**.
* Beneficiary has not moved but is requesting all medication or letter communication be sent to a location other than his/her Primary Address.
  + This alternate location is referred to as the **Mailing Address**.
* Beneficiary has summer and winter home addresses, etc., referred to as **Temporary/Alternate Address**.
* Beneficiary will not be home to receive the medication and needs it mailed to a different address one time only, referred to as **Single Use/Single Fill Address**.
* Beneficiary is moving out of the country.
* Beneficiary is incarcerated.

**Reminders:**

* **ALL** MED D notifications (**Example:** Fulfillment) must be sent to one **MAILING address**.
  + The beneficiary cannot have, for example, the MED D premium billing monthly invoice sent to one address and the EOB sent to another address.
* Update the **Mailing address** if the beneficiary requests communication be sent to a location other than his/her primary address.

**Important Information Icon EGWP (800 Series) Beneficiaries:**

EGWP (800 series) beneficiaries can move within the US and/or the US Territories (including Puerto Rico) and the move is **NOT** considered to be a new region.

Refer to [When an Update is Needed Reference Chart](#_When_an_Update).

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| Determine Who is Calling and the Reason |

Perform the steps below to determine the specific piece(s) of contact information that should be changed for the beneficiary:

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| **Step** | **Action** | | | | |
| **1** | Is the caller the beneficiary, POA, Ship Counselor or Legal Representative?  **Note:** A Third Party caller can call to report if a beneficiary has been incarcerated, a POA is not required. | | | | |
| **If the caller is…** | **Then…** | | | |
| The beneficiary | Proceed to Step 2. | | | |
| POA, or Legal Representative information on File | Determine if the caller’s information matches the POA or Legal Representative details on the account in any of the following areas in **PeopleSafe**:   * **High Priority Comments** * **Privacy Lock** * **Medicare D Inquiry Tab** - **View Comments**   Refer to [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA).](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-2-021424)  Proceed to [Address Changes When RxEnroll Care Is Down](#_Mailing_Address_Changes_1). | | | |
| POA, or Legal Representative Attests to Authorization | * An authorized representative may request a change of address on behalf of a beneficiary. * If POA already on file and viewable in **PeopleSafe** continue with changes to contact information on file. * If POA is not on file, authorized representativemay verbally attest to being a legal representative. Refer to [MED D - Obtaining a Verbal Attestation from an Authorized Representative](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-024341). The CCR must document the following information and continue to assist them in submitting an address change and document in PeopleSafe:   + Document in notes the Authorized Representative’s First and Last Name   + What is the best phone number to reach you if documents are requested? (XXX) XXX-XXXX   + Please provide your full mailing address (street address, city, state, zip code + 4 if available)   + What is your relationship to the enrollee? | | | |
| **If…** | | **Then…** | |
| Yes  (Documentation on file or Attestation completed) | | Proceed to [Address Changes When RxEnroll Care Is Down](#_Mailing_Address_Changes_1). | |
| No  (Documentation is not on file or Attestation not completed) | | Say   * I apologize. * You are not listed as an approved legal representative. Changes to the beneficiary’s contact information can only be completed by the beneficiary, POA or Legal Representative. | |
| Ship Counselor | If the Ship Counselor provides their unique ID, the Ship Counselor can update the address on the beneficiary’s behalf.  Proceed to Step 2.  **Note:** For questions on authenticating a SHIP Counselor refer to [MED D - SHIP Counselor Calls For Part D Plans](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-2-029788). | | | |
| Anyone else | **Say**   * I apologize. * You are not listed as an approved legal representative. Changes to the beneficiary’s contact information can only be completed by the beneficiary, POA or Legal Representative.   Refer to the [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-2-021424).  Icon - Important A change of address can be submitted if the beneficiary **verbally** provides permission for the non-authorized party to proceed with the request. This is a one-time authorization. | | | |
| **2** | Determine the reason the beneficiary is calling. | | | | |
| **If changing an address...** | | **Then...** | | |
| Open Order | | Proceed to Open Order Address Changes within [MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f). | | |
| Due to Incarceration | | Proceed to [Submitting an RM Task](#_Submitting_an_RM). | | |
| Due to receiving Out of Area letter | | * Click on the **Medicare D Inquiry Tab** in PeopleSafe and click on the **Last 12 months of Medicare Communication** button to review the Out of Area letter. * Proceed to next step.   Refer to   * [MED D - SilverScript OOA Sample Letter – English](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080076) * [MED D - Blue MedicareRx (NEJE) OOA Sample Letter](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080075) | | |
| Any other address | | Proceed to next step. | | |
| **3** | Perform the following based on Client/Team: | | | | |
| **If...** | | **Then...** | | |
| SilverScript(x9110) | | Proceed to [Address Changes When RxEnroll Care Is Down](#_Address_Changes_When). | | |
| EGWP | | Refer to the CIF for specific instructions.  **Note:** If no instructions are noted, refer the caller to their plan’s sponsor for a permanent address change. | | |
| Health Plans | | Refer to the CIF to determine if the plan handles the situations outlined in this document. | | |
| **If...** | | **Then...** |
| Client | | Follow direction provided in CIF. |
| SMST | | Transfer the call to SMST.  Refer to [MED D - Guide to Transferring a Call](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-029866). |
| Any other client | | Proceed to [Transferring Calls to Dedicated Teams Process](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-105547) | | |

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| Address Changes When RxEnroll Care Is Down |

Changes to the beneficiary’s mailing or Permanent (Home/Residential) address in PeopleSafewill be performed in two (2) places:

1. **Medicare D Inquiry Tab** – Permanent and Fulfillment Requests screen
2. **Participant Inquiry Tab** - Main screen - Change Contact Info button – Prescription Mailing Address section

**Notes:**

* The Permanent (Home/Residential) Address can be the same as the beneficiary’s Mailing Address.
* In these situations, the CCR **must** change **BOTH** the Permanent (Home or Primary) and Mailing addresses in **PeopleSafe** for the beneficiary.

Beneficiaries can have only **1 (one) permanent residence**. This 1 (one) permanent residence is entered and used as the Residential/Primary address and determines his/her Medicare Region of enrollment and eligibility.

Perform the steps below:

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| **Step** | **Action** | | | |
| **1** | Ask caller if Primary and Mailing Addresses displayed in the **Medicare Inquiry Tab** are correct? | | | |
| **If…** | **Then…** | | |
| Yes | Proceed to the [Address Changes in Participant Inquiry Tab](#_Updating_Peoplesafe_Inquiry) to verify if beneficiary’s mailing address is correct. | | |
| No | Proceed to the next step. | | |
| **2** | Verify in the **Medicare D Inquiry Tab** under the **View Comments** button to confirm if the beneficiary is currently clocking for Out of Area (OOA). | | | |
| **3** | Determine which address the caller wants to change: | | | |
| **If the caller wants to change the…** | | | **Then...** |
| Permanent (Home/Residential) Address | | | This is the beneficiary’s permanent home Permanent (Home/Residential) or primary address.  Important Do **NOT** change the Permanent Address if an Alternate/Temporary/Mailing Address, only update the Mailing Address.  Populate all fields under the Primary Address Section as follows (An Asterisk (\*) indicates a mandatory field.):   * Address 1\*: Street number and Street name (123 Main St.) * Address 2: Apartment Number, Lot Number and C/O information (Apt 2, Lot 15, C/O John Deere) * City\* * State\* (if the move is a foreign move, select FN from the dropdown menu) * Zip\* (Foreign address used 99999) * Email * Phone   **Reminder:** Thecomplete **Permanent (Home/Residential)** **Address** requires a physical street address (should **NOT** be a P.O. Box.)  **SilverScript Only P.O. Box Exception**   * Exceptions can be made to accept a P.O. Box in cases including, but not limiting to, when an individual is:   + Homeless   + Resident at a Homeless Shelter   + Resident at a Women’s Shelter   + Rural area where only a P.O. Box is provided.   + EGWP Beneficiaries who verbally verify residence within the United States or any of its territories, including Puerto Rico   **Notes:**   * It is important to note the reason in the comments as to why the beneficiary provided a P.O. Box as a Permanent (Home/Residential) address and that the plan verified that the beneficiary resides within the region. * If the Permanent (Home/Residential) address change is OOA, the Effective Date will determine the disenrollment effective date with the plan. |
| **Mailing**  **Alternate**  **Temporary** | | | This is the mailing address, alternate and/or temporary address of the beneficiary for plan communication.  Say Will this be the mailing address for your prescriptions, plan information or both?  Populate all fields under the Mailing Address Section as follows (An Asterisk (\*) indicates a mandatory field.):   * Address 1\*: Street number and Street name (123 Main St.) * Address 2: Apartment Number, Lot Number and C/O information (Apt 2, Lot 15, C/O John Deere) * City\* * State\* (if the move is a foreign move, select FN from the dropdown menu) * Zip\*(Foreign address used 99999)   **Reminder:** ALL MED D notifications (**Example:** Fulfillment) must be sent to one **MAILING address**.   * The beneficiary cannot have, for example, the MED D premium billing monthly invoice sent to one address and the EOB sent to another address.   **CCR Process Note:** Advise the beneficiary when they want to update their mailing address or end the **Temporary/Alternate Address**, they will need to call back to provide that information to ensure they continue to receive any prescriptions and notifications. |
| **Beneficiary is Incarcerated** | | | **Note:** A Third Party caller can call to report if a beneficiary has been incarcerated, a POA is not required.   * Confirm the caller’s identity, start date of Incarceration period, end date of incarceration period, if available and the state in which the beneficiary is incarcerated and facility * Review with the caller that the beneficiary will need to reenroll in a Part D plan upon release. * **DO NOT UPDATE THE MEDICARE D INQUIRY**.   Proceed to [Submitting an RM Task](#_Submitting_an_RM). |
| **Beneficiary is Out of the Country** | | | When updating the beneficiary address for a foreign country populate  all fields under the Primary Address Section as follows:   * Address 1\* Street number and Street name (123 Main St.) * Address 2 -Apartment Number, Lot Number and C/O information (Apt 2, Lot 15, C/O John Deere) * City\* * State\* (if the move is a foreign move, select FN from the dropdown menu) * Zip\* * Email * Phone   Proceed to [Submitting an RM Task](#_Submitting_an_RM). |
| **4** | Verify beneficiary’s new address(es) in the USPS Address Validation process:   * Access the United States Postal Service **Look Up A Zip Code** site: <https://tools.usps.com/go/ZipLookupAction_input> * Enter address(es) provided by the caller   + Street Address   + City   + State   + Zip Code * Click **Find** and a corrected address will be returned. * Confirm with the caller that the returned address(es) are correct. | | | |
| **If…** | | **Then…** | |
| Confirms | | Copy the address and paste into the Notepad and then paste the address into the application. | |
| Does not agree that the address is correct | | Re-enter the information provided by the caller and repeat the process.  If address still not located verify with beneficiary (USPS information may not be up-to-date). | |
| **5** | Click on the **Fulfillment Request Tab**. | | | |
| **6** | Click on the **Change Address** button.  **Result:** The **Address** screen will display. | | | |
| **7** | In the **Mailing Address or Primary Address (This is the beneficiary’s Permanent (Home or Primary) address)** section:   1. Copy the existing address, phone number, email address into Notepad. 2. Enter the Beneficiary’s Permanent (Home/Residential) and/or Mailing address(es) in the appropriate fields. 3. Copy the updated address, phone number, email address into Notepad. 4. Click the **Save** button.   Important When updating address, **ALWAYS** ask for and notate beneficiary’s Apartment or Unit # in the appropriate fields, include phone number and email address if available.  **Note:** Foreign addresses need to be populated as follows:   * Address 1\*: Street address and Apt No (123 E Main St, Apt 1) * Address 2: City/Town * City: Country Name\* * State\*: Select **FN** from the dropdown menu * Zip: 99999 | | | |
| **8** | Ask the beneficiary to allow you a few moments to update the other systems and submit a task to the enrollment team. | | | |
| **9** | Proceed to [Address Changes in Participant Inquiry Tab](#_Updating_Peoplesafe_Inquiry). | | | |

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| Address Changes in Participant Inquiry Tab |

Perform the steps below:

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| **Step** | **Action** | | | | | | |
| **1** | Determine which address the beneficiary is requesting to update. | | | | | | |
| **If…** | **Then…** | | | | | |
| Permanent (Home/Residential)  **OR**  Mailing | Proceed to [Submitting an RM Task](#_Submitting_an_RM). | | | | | |
| Refill Order/Mail Order  **OR**  Temporary/Alternate  **OR**  Single Use/Single Fill | Proceed to the next step. | | | | | |
| **2** | Verify address(es) in the USPS Address Validation process:   * Access the United States Postal Service **Look Up A Zip Code** site: <https://tools.usps.com/go/ZipLookupAction_input> * Enter address(es) provided by the caller   + Street Address   + City   + State   + Zip Code * Click **Find** and a corrected address will be returned. * Confirm with the caller that the returned address (es) are correct. | | | | | | |
| **If…** | | **Then…** | | | | |
| Confirms | | Copy the address and paste into the Notepad and then paste the address into the application. | | | | |
| Does not agree that the address is correct | | * Re-enter the information provided by the caller and repeat the process. * If address still not located verify with beneficiary (USPS information may not be up-to-date) | | | | |
| **3** | From the **Participant Inquiry Tab** on the **Main Screen in PeopleSafe**, click on the **Change Contact Info** button.  **Result:** The Contact Info screen is displayed. | | | | | | |
| **4** | Copy the old Mailing Address into Notepad if not already done to use for your final Capture and Log Activity note. | | | | | | |
| **5** | Verify if the beneficiary has an Alternative Address currently selected. | | | | | | |
| **If...** | | | | | | **Then...** |
| Yes and the expiration date has passed | | | | | | Proceed to the next step. |
| Yes and the expiration date has **NOT** passed | | | | | | * Delete the effective date and select **Save**. * Proceed to the next step. |
| No | | | | | | Proceed to the next step. |
| **6** | Click on the **Add** button on the left (middle of screen).  **Note:** The **Contact Info** screen can hold up to 10 (ten) addresses.   * If there are too many addresses on file and another address cannot be added, refer to [Removing a Member’s Address](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-2-004566). | | | | | | |
| **7** | Select **PRIMARY HOME (mailing)** from the **Address Type** drop down menu. | | | | | | |
| **8** | Enter the following address information:   * Address Line 1 * Address Line 2 * City * State (Foreign address use EU) * Zip Code (Foreign Address use 99999)   **CCR Process Note:** Update the address as it is listed by USPS, including abbreviations.  **Examples:**   * **Address Line 1:** Street number and Street name (123 Main St.) * **Address Line 2:** Apartment Number, Lot Number and C/O information (Apt 2, Lot 15, C/O John Deere) * Military addresses, note the following:   + SSGT Kevin Taylor Unit 2050 Box 4190, APO AP 96278-2050     - Enter the address as normal with the following military specifics:       * **City:** APO or FPO or DPO       * **State:** AP         + **Military states** can be any of the following:   AE - Armed Forces Europe, Middle East, Africa and Canada  AA - Armed Forces Americas  AP - Armed Forces Pacific | | | | | | |
| **9** | Select the appropriate checkbox for the **MOR Default** field.  Important Ensure that the **Apply Changes to Family** box is **NOT** checked. | | | | | | |
| **If updating…** | | | | **Then select…** | | |
| * Permanent (Home/Residential) Address * Mailing Address | | | | **Primary** | | |
| * Temporary/Alternate Address * Single Use/Single Fill * Refill Order/Mail Order | | | | **Alternate**   * Enter the **Effective** and **Expiration** dates for the temporary address.   + Once the **Expiration** date has passed, the beneficiary’s Mailing Address will revert back to the **MOR Default Primary** Mailing Address on file.   + Single Use/Single Fill address enter the **Effective** and **Expiration** dates for same date. | | |
| **10** | Select the appropriate **MOR Change Reason** via the drop-down menu.  Refer to the table below for definitions of choices. | | | | | | |
| **Change Reason** | | | **Definition** | | | |
| Legal Rep | | | **Legal Representative Request**  Documentation must be on file that is valid under state law to support their legal authority to act on behalf of the patient. This may be a durable POA that was signed while the patient was still competent, or a court appointment of a guardian/custodian or some sort of legal documentation. | | | |
| Member Request | | | **Member Request**  Refers to the Plan Participant over the age of 18 who is covered on the plan (other than the cardholder) | | | |
| **11** | Click on the **Save** button.  **Results:**   * On the **Change Info** screen, the **Address** field will now be updated with the new address. * Updated information will display on the **Main** Screen in the **Participant Detail Address** field. | | | | | | |
| **12** | Under the **Change Contact Info**, update the beneficiary’s phone number and e-mail address if provided.  Refer to [MED D - Email and Phone Number Changes](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-112972). | | | | | | |
| **Update…** | **High Level Steps…** | | | | | |
| Phone Number | Under Phone:   * Click **Add**. * Select **Type**. * Enter Phone Number. * Select **Daytime/Nighttime/Text Messages** preference. * Click on the **Save** button. | | | | | |
| Email | Under E-Mail Address:   * Enter E-mail. * Click on the **Update** button. | | | | | |
| **Results:**   * On the **Change Info** screen, the **Phone and E-mail** field will now be updated with the new information. * Updated information will display on the **Main** Screen in the **Participant Detail Address** field. | | | | | | |
| **13** | Copy the new Mailing Address into Notepad if not already done to use for your final Capture and Log Activity note. | | | | | | |
| **14** | Verify if the Region or Service Area for the new Permanent (Home/Residential) address will be the same as that of the old address.   * Locate the **Group** field, which displays the Region number and associated states, on the **Plan Summary** screen in **PeopleSafe**.      * **For SSI:** Review the states shown in the group field above to determine Out of Region status.   **States within the same region:**   * + AL, TN   + ME, NH   + CT, MA, RI, VT   + OR, WA   + DC, DE, MD   + ID, UT   + IA, MN, MT, ND, NE, SD, WY   + PA, WV   + IN, KY   **Note: All other states are in individual regions and not with other states.**   * **For NEJE:** Any state other than CT, MA, RI, VT is considered Out of Region for individual beneficiary. | | | | | | |
| **If the Region or Service Area for the old and new Permanent addresses is…** | | | | | **Then…** | |
| **Same state** and/or **region**    **OR**    **Different state** but **same region**  **OR**  **EGWP (800 series)** | | | | | Beneficiary is considered in area and will remain in the plan.  **Note:** EGWP (800 series) beneficiaries can move within the U.S. and/or the US Territories (including Puerto Rico) and the move is **NOT** considered to be a new region. Update the address, then advise the beneficiary to call the EGWP provider to update the address on their records. Do not proceed with the following steps. | |
| **In a different Region** | | | | | Beneficiary is considered to be out of area and will be disenrolled at the end of the month. | |
| **15** | Proceed to [Submitting an RM Task](#_Submitting_an_RM).  **Note:** If the beneficiary is currently in the Out of Area Process, use the Out of Area RM Task Template. | | | | | | |

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| Submitting an RM Task |

Perform the following:

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| **Step** | **Action** | |
| **1** | From the **Resolution Manager** **Tab,** click **Create Task**. | |
| **2** | From the Task Category drop down select **Med D Enrollment - Demographics**. | |
| **3** | From the Task Type select **Address Change** **or OOA (Out of Area Flag or Letter)**. | |
| **4** | The Task Data box should appear and auto fill with beneficiary’s current information.  Enter the following information manually:   * Caller Name * Verbal Attestation: Yes or No * Address Change: Mailing Address, Permanent & Mailing or Permanent Address * Enter beneficiary’s old address * Request a good contact number and enter * Select State | |
| **5** | Add the following Notes: | |
| **If…** | **Then…** |
| **Address Change – Permanent (Home/Residential) In Area**  Same State and/or region or Different State but same region | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Address Change  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s PERMANENT/MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Include Phone Number and Email if provided. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Direct Enrollment Team to complete additional research as needed. |
| **Address Change – Permanent (Home/Residential)** **Out of Area**  In a Different Region | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s PERMANENT/MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Include Phone Number and Email if provided. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Confirmed beneficiary out of area. * Informed the beneficiary that they will be involuntarily disenrolled at the end of the month. * Transferred to enrollment specialists for new enrollment * Direct Enrollment Team to complete additional research before starting OOA process for disenrollment. |
| **Address Change - No Residential Address, PO Box is a valid address** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Address Change  **Queue:** Med D Enrollment Task  **Notes:** Document in the notes:   * Note must include that beneficiary has no residential address and ONLY has a P.O. Box address or verbally verified they live in the Service Area where the P.O. Box is located. * Beneficiary’s Permanent (Home or Primary) Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>.   **Exception:** NEJE beneficiaries may have a P.O. Box for mailing address but not permanent address. |
| **Address Change – Mailing Only** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Address Change  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Beneficiary confirmed in area. |
| **Address Change – Temporary/Alternate**  **Example:** I spend 6 (six) months at my summer residence and spend the other 6 (six) months in my winter residence. | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Address Change  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s TEMPORARY Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Advise the beneficiary when they want to update their mailing address or end the temporary mailing address, they will need to call back to provide that information to ensure they continue to receive any prescriptions and notifications. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). |
| **Address Change –Single Use/Single Fill for medication only** | **NO RM TASK REQUIRED** – Leave the following note in the capture activity:   * Beneficiary’s Prescription Address / Single Use Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as a single use as requested by <caller>. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). |
| **Out of Area –** Response to OOA Letter / Undeliverable Mail  **Permanent (Home/Residential)** **address is correct on file.**  No changes need to be made. | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary confirmed that he/she permanently lives at <insert complete permanent address> * Include complete Contact number (Area Code) 7 digit phone number * Direct Enrollment Team to research and resolve OOA workflow in Exception Management Application (EMA) as Confirmed in Area. |
| **Out of Area** – Response to OOA Letter / Undeliverable Mail  **Permanent (Home/Residential)** **address updated for same state and/or region or different state but same region** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s PERMANENT/MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Include Phone Number and Email if provided. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Direct Enrollment Team to complete additional research before resolving the OOA workflow in Exception Management Application (EMA) as Confirmed in Service Area. |
| **Out of Area –** Response to OOA Letter / Undeliverable Mail  **Permanent (Home/Residential) address updated in a different region** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s PERMANENT/MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Include Phone Number and Email if provided. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Informed the beneficiary that they will be involuntarily disenrolled at the end of the month. * Transferred to enrollment specialists * Direct Enrollment Team to complete additional research before confirming the OOA workflow in Exception Management Application (EMA) as Confirmed out of Service Area. |
| **Incarcerated** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Per <insert name of person who confirmed> beneficiary is currently incarcerated. * The incarceration began on (MM/YY) * The incarceration ended on or will end on (MM/YY) * The name of the facility and state where the beneficiary is incarcerated * Advised the beneficiary he/she has the month of and two months after the incarceration period ends for Valid SEP to submit an application. A valid SEP is required for the beneficiary to enroll back into the plan outside of AEP. The beneficiary will be without coverage until a new enrollment is requested by the beneficiary. * Direct Enrollment Team to complete additional research before either confirming the OOA workflow or starting the OOA workflow in Exception Management Application (EMA) as Confirmed Out of Service Area as appropriate. |
| **Currently living outside the United States (i.e. Canada)** | **Task Category:** Med D Enrollment - Demographic  **Task Type:** Out of Area  **Queue:** Med D Enrollment Task  **Notes:**   * Beneficiary’s PERMANENT/MAILING Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>. Include Phone Number and Email if provided. * Beneficiary moved on (MM/YY) and will return (MM/YY) if provided * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). * Advised the beneficiary that the current residence is outside the United States and will result in disenrollment from the plan at the end of the month. * Advised the beneficiary that he/she has a valid election period to enroll in the plan, in the month of and two months after their return to the United States. The beneficiary will not have coverage until a new enrollment is requested by the beneficiary * Direct Enrollment Team to complete additional research before either confirming the OOA workflow or starting the OOA workflow in Exception Management Application (EMA) as Confirmed Out of Service Area as appropriate. |
| **6** | Copy and paste the notes from the RM task to use to document the call. | |

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| Closing the Call |

Perform the following:

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| **Step** | **Action** | | | |
| **1** | Determine the update made: | | | |
| **If update is for…** | **Then…** | | |
| **Permanent (Home/Residential)** **/Mailing** | Icon_-_Conversation To confirm, we have updated your [say Primary and/or Mailing address as applicable] to [new primary and mailing address, if the same]. | | |
| **Mailing/Temporary/Alternate** | Icon_-_Conversation   * To confirm, we have updated your [say Mailing/Temporary as applicable] to [read the information you entered above]. * If this address is being used on a temporary basis, please contact us upon returning to your previous address so we may update our records. | | |
| **Prescription Mail Order or Single Use/Single Fill** | Icon_-_Conversation To confirm, we have updated your [say Mail Order/Single Fill address as applicable] to [new mailing address you entered above]. | | |
| **Currently living outside the United States** | Icon_-_Conversation To confirm, we have updated your primary address to [new primary address you entered above]. | | |
| **Incarcerated** | Proceed to step 2. | | |
| **2** | Determine the update made: | | | |
| **If any of these address updates apply…** | **Then…** | | |
| **Permanent Address is Out of Area** | **Say**   * Because this residence is considered <your/the beneficiary’s> permanent residence and is in a different Medicare region, <you/the beneficiary> will be disenrolled from the <plan name>. * Please also contact the Social Security Administration (SSA) at (**800-772-1213)** to update address. * This disenrollment does qualify you for a Special Enrollment Period (SEP).” * If <you/the beneficiary> wish (es) to remain with the plan, a new enrollment is needed to prevent any gaps in coverage. * This means <you/the beneficiary> can remain in a <SilverScript plan> or enroll in any other MED D plan of your choice.   **Note:** CMS considers this as an Involuntary Disenrollment, due to the Plan not in the service area.  **Exception:**  If a Blue MedicareRx (NEJE) beneficiary moves out of the region and is involuntarily disenrolled, they **DO NOT** have the option to re-enroll in a NEJE plan, DO NOT offer enrollment in an SSI Plan. | | |
| **If…** | | **Then….** |
| **If the <the caller/beneficiary> wishes to take advantage of the SEP and explore other options** | | **Say**   * We certainly understand <your, the beneficiary’s> desire to review all your options. * Please reach out to Medicare at 1-800-Medicare or the Medicare website at <http://www.medicare.gov> for information on all of the prescription drug plans available in your area.   Proceed to next step. |
| **If the <the caller/beneficiary> wishes to stay with the plan** | | Advise the beneficiary a new enrollment application can be completed by:   * Visiting [www.aetnamedicare.com](http://www.aetnamedicare.com). * Call 1-800-MEDICARE (633-4227) 24 hours a day, 7 days a week or visit medicare.gov to enroll. TTY users should call 1-877-486-2048. * A certified Enrollment CCR   + If not **certified,** transfer to an Enrollment Agent. Refer to [MED D - Guide to Transferring a Call](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-029866).   Proceed to next step. |
| **Incarcerated**  **Jail/Prison** | **Say**   * I have submitted a request to have (your/the beneficiary’s) incarceration researched.” * Since Incarceration is considered a permanent move out of all Medicare Regions <you/the beneficiary> must be disenrolled. * Disenrollment will be effective at the end of the confirmed month of the date of incarceration. (**Example:** Confirmed incarcerated 05/14/2019 – Disenrolled from plan 05/31/2019) * You will have a valid election period to enroll in another plan, in the month of and two months after your release. You will not have coverage until a new enrollment is requested by [you/the beneficiary].   Proceed to next step. | | |
| **Currently living outside the United States (i.e. Canada)** | **Say**   * Your current residence is outside the United States and will result in disenrollment from the plan at the end of the current (or future) month of move. * You will have a valid election period to enroll in another plan, in the month of and two months after your return to the country. You will not have coverage until a new enrollment is requested by [you/the beneficiary]. | | |
| **All others** | Proceed to next step. | | |
| **3** | Say   * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | | | |
| **If…** | | **Then…** | |
| Yes | | Close the call:   * Address any benefit issues. * Document and close the call according to existing policies and procedures, including all options discussed. Refer to the [MED D - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62)work instruction. | |
| No | | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a Supervisor. | |
| **4** | From the **Participant Inquiry** **Tab** click on the **Capture Activity** button on the bottom left of the screen. | | | |
| **5** | In the **Log Activity Notes** field, add the note detailing the address change request from the RM task section above. Document all changes and the RM Task # in the notes. | | | |
| **6** | Click on **Save Changes**. | | | |
| **7** | Transfer the beneficiary to the appropriate department if needed. (Licensed Enrollment Agent, Premium Billing, Senior Team, etc.) | | | |

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| When an Update is Needed Reference Chart |

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| **Address Change Scenarios** | **Update Permanent Address in Fulfillment screen in Med D Tab (RM Task Required)** | **Update Mailing Address in Fulfillment screen in Med D Tab**  **(RM Task Required)** | **Update Participant Inquiry Address (Prescription)** |
| **Beneficiary Confirming Permanent (Home/Residential)** **and/or Mailing address on file** | N/A | N/A | N/A |
| **Single Use/Single Fill** | N/A | N/A | Add alternate address with same start and end date of single fill prescription order |
| **Temporary/Alternate** | N/A | Update mailing address | Add alternate address with a start and end date |
| **Mail Order** | N/A | N/A | Add Primary address. |
| **Mailing/Mail Order** | N/A | Update address | Add New address |
| **Mailing (no Mail Order)** | N/A | Update address | Confirm address |
| **Permanent (Home/Residential)** **(no Mail Order)** | Update address | N/A | Confirm address |
| **Permanent (Home/Residential)** **/Mailing/Mail Order** | Update address | Update address | Add New address |
| **Out of the Country** | Update address using FN for the State Code | Add New address for out of the country using FN for the State Code | Add New address using EU for the State Code |
| **Incarcerated** | N/A | N/A | N/A |

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| Email and Phone Number Changes |

Refer to [MED D - Email and Phone Number Changes](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-112972).

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| Resolution Time |

Changes made in **PeopleSafe** and **FACETS** = Immediate

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-007931)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-2-017428)

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