# MED D SilverScript - Annual Reassignment of Low Income Subsidy (LIS) Eligible Beneficiaries

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| Overview |

In October, the Centers for Medicare and Medicaid Services (CMS) will reassign certain beneficiaries eligible for the Part D low-income subsidy (Extra Help) to different Medicare Part D plans.

CMS sends notifications to the affected beneficiaries that are being enrolled to a new plan and/or disenrolled from their current plan. The plans are also required to send a notice to affected beneficiaries.

SilverScript MED D <Customer Care representatives (CCRs)> may receive calls from beneficiaries who have been reassigned to the <SilverScript Choice> (PDP) plan.

Beneficiaries may call <Customer Care> to ask:

* <[Why they have been enrolled into the <SilverScript Choice> Plan](#ReassignedSilverScript)>
* <[About the premiums and cost sharing in the <SilverScript Choice> Plan](#ReassignedSilverScriptStep3Yes)>
* <[Request that they not be enrolled in the <SilverScript Choice> Plan](#ReassignedSilverScriptStep3DNWSSI)>
* <[How they can enroll in another plan or their options](#ReassignedSilverScriptStep3DNWSSI)>
* <[Request that they remain in the <SilverScript Choice> Plan](#Remain)>

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| CMS Communications to Affected Beneficiaries |

**1st Blue Letter - Notice of Reassignment to another plan**

In late October, CMS mails notices (printed on blue paper) to beneficiaries who will be reassigned to another Medicare Part D plan. These notices will inform the affected beneficiaries of:

* Their prospective <$0> premium PDP.
* The upcoming plan year premium (greater than <$0>) of their current prescription drug plan (PDP).
* The option to remain in their current plan.
  + Refer to Blue Letters in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

**2nd Blue Letter - Formulary Notice for new PDP**

In December, CMS mails a second (blue) notice to reassigned beneficiaries listing the drugs they took in <2024> and shows whether these drugs will be covered in the <2025> plan they have been reassigned to.

* Refer to Blue Letters in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

**Tan Letters - Notice to beneficiaries who choose current plan with premiums greater than <$0>**

In November, CMS will also send notices (printed on tan paper) to choosers. Choosers are individuals who have 100% Low Income Subsidy (Extra Help), chose their own prescription drug plan, and will have a premium liability in the upcoming plan year.

These notices:

* Inform the beneficiaries what their plan’s premium will be in upcoming plan year.
* Explain that they will have a premium liability (or pay a portion of their premium out-of-pocket) unless they switch to a new plan by December 31.
* List plans in the beneficiary’s area that are available at no monthly premium.
  + Refer to Tan Letter in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

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| Plan Communications to Affected Beneficiaries |

**Reassignment to <SilverScript Choice> (PDP) plan - Gaining or New Enrollment**

In October, CMS sends plans a file of those beneficiaries **who are being reassigned to the <SilverScript Choice> Plan.**

* When SilverScript receives the file from CMS of the beneficiaries being reassigned to the plan, SilverScript will send the affected beneficiaries the <[MED D - Plan Confirmation of Reassignment <(Letter 29) Y0080\_52241\_ENR\_29](file:///C:\Users\C337799\Downloads\CMS-PCP1-040875)> within 10 business days of receiving the file from CMS.
* In addition, these newly enrolled beneficiaries will receive the standard Welcome Kit (known as enrollment kit in PeopleSafe).
* This letter explains to the beneficiary that:
  + Medicare has enrolled him/her in the <SilverScript Choice> Plan for their Medicare Part D coverage for the upcoming plan year.
    - If the beneficiary does not want to be enrolled in the <SilverScript Choice> Plan, they have the option to join a different plan.

**Losing Enrollees or Disenrollments - Reassignment to another plan**

In October, CMS sends plans a file of those beneficiaries **who are being reassigned to another plan.**

When SilverScript receives the file from CMS of the beneficiaries being reassigned to another PDP, SilverScript will send the affected beneficiaries a [MED D - Confirmation of Disenrollment for Reassignment lttr Y0080\_52342\_ENR\_10b](file:///C:\\Users\\C337799\\Downloads\\CMS-PRD1-078781)within 10 business days of receiving the file from CMS.

This letter explains that the beneficiary is being disenrolled from his/her current PDP for the upcoming plan year and references the “blue” notices previously issued by CMS.

SilverScript MED D Customer Care representatives (CCRs) may receive calls from beneficiaries about the notices they received from CMS or the disenrollment notices they received from SilverScript to ask:

* Why they have been reassigned to another plan

AND/OR

* How they can remain enrolled in a SilverScript plan even though they would be paying a higher premium.
* If the beneficiary is interested in remaining in the SilverScript plan and paying a higher premium.

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| Care Process |

When receiving a call from a beneficiary who has questions regarding a blue letter (Reassignment notice) from Medicare:

* [Reassigned (Enrolled) in <SilverScript Choice> (PDP) Plan](#ReassignedSilverScript)
* [Reassigned to Different Plan (Disenrolled from SilverScript)](#ReassDiffPlan)

**1. Reassigned (Enrolled) in <SilverScript Choice> (PDP) Plan**

The CCR should perform the following:

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| **Step** | **Action** | | | | |
| **1** | Authenticate the caller.  Refer to the following document:   * <[Caller Authentication](file:///C:\Users\C337799\Downloads\CMS-2-004568)> * <[HIPAA Authentication Grid](file:///C:\Users\C337799\Downloads\CMS-2-028920)> | | | | |
| **2** | Verify what the beneficiary is calling about. | | | | |
| **If the beneficiary says they received a letter that says they…** | | **Then…** | | |
| Have been reassigned to <SilverScript Choice> Plan (Enrolled in <SilverScript Choice>)  Refer to the following document: <[MED D - Plan Confirmation of Reassignment (Letter 29) Y0080\_52241\_ENR\_29](file:///C:\Users\C337799\Downloads\CMS-PCP1-040875)> | | Proceed to the **next step.** | | |
| Will be disenrolled from SilverScript  Refer to the [MED D - Confirmation of Disenrollment for Reassignment lttr Y0080\_52342\_ENR\_10b](file:///C:\Users\C337799\Downloads\CMS-PRD1-078781) | | * **Confirm the following on the beneficiary’s account:** * From the **Member Snapshot Landing Page** in Compass, select the **Medicare D Landing Page**. * Click the **Eligibility & Plan** tab. * In the **Enrollment Details** section, verify that the **Auto Enrolled** field is “**Yes”**      * From the **Medicare D Landing Page – Medicare D Quick Actions** panel – Click the **Last 12 Months of Communications** hyperlink, find and review the **DDISE** (Disenrollment) letter sent to the beneficiary.     Confirm the **DDISE** (Disenrollment) letter has the following text**:** | | |
| **If …** | | **Then…** |
| Yes | | Proceed to[Reassigned to Different Plan (Disenrolled from SilverScript)](#ReassDiffPlan) |
| No | | * **Warm Transfer** the call to the Specialized Member Services Team (SMST)   **SilverScript**  1-833-458-0858     * Advise the SMST that the member will be disenrolled due to enrolling in another prescription drug plan but is NOT part of the Low-Income Subsidy Reassignment.   Refer to: [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2) |
| **3** | **Say**   * Medicare has enrolled you in <SilverScript Choice> prescription drug plan for the upcoming plan year for your prescription drug benefit, effective January 1. * You will be enrolled in the <SilverScript Choice> Plan beginning January 1. * SilverScript will be sending a Welcome Kit and other information about the plan. * Do you have any questions regarding the benefits in the <SilverScript Choice> Plan? | | | | |
| **If …** | **Then…** | | | |
| Yes | On the **Medicare D Landing Page** determine the LIS level and effective date for the upcoming plan year by reviewing the **Additional Eligibility Details** section of the **Eligibility & Plan** tab.  **CCR Process Note:** The region specific LIS Premium and Copay information is listed in the [<MED D - 2025 SilverScript CHOICE LIS Information>](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2279ef64-c20e-4529-af80-c91744ea6bc5) document.    Say   * What questions do you have?   Address any benefit questions.   * Based on this information I have provided do you have any further questions about the benefits of the <SilverScript Choice> Plan? | | | |
| No | Proceed to **Step 4.** | | | |
| Does not want to remain in <SilverScript Choice> Plan | **CCR Process Note:** The CCR **should NOT pressure or encourage** beneficiaries to remain in the <SilverScript Choice> Plan.  **Say** To confirm, you do not want to remain enrolled in the <SilverScript Choice> prescription drug plan in <2025>.   * If yes, your options are as follows:   + You can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from CMS.   + If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>> or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.     - TTY users should call **1-877-486-2048>**.   + If you enroll into another prescription drug plan, CMS will automatically disenroll you from the <SilverScript Choice> Plan.   **Proceed to Step 4** | | | |
| Does not want Medicare D prescription drug coverage **at all** | **Say**   * To confirm, you do not want to have any Medicare D prescription drug coverage.   + The beneficiary must state that s/he does not want to have Medicare prescription drug coverage. The CCR should determine the reason why the beneficiary does not want coverage.   + The CCR should counsel and remind the beneficiary that if they disenroll from the plan, and do not have other creditable prescription drug coverage, the beneficiary may be responsible for a Part D Late Enrollment Penalty when they later enroll in a plan.   + If the beneficiary specifically states that they do not want Medicare prescription drug coverage, then the voluntary disenrollment process must be followed. * I understand. I will transfer you to an agent that can further assist you with the disenrollment process. | | | |
| **If…** | | **Then…** | |
| The beneficiary wants to disenroll | | Warm transfer to SMST. Refer to [MED D – Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2).   * Advise that the beneficiary has been reassigned to SilverScript by CMS and wants to disenroll. | |
| The beneficiary wants to remain in the plan | | Proceed to **Step 4.** | |
| **4** | Ask if there are any other questions. | | | | |
| **If…** | **Then…** | | | |
| Yes | Address any questions/issues.  **Say** If at any time you have further questions, please call <Customer Care> toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>**.  {Document and close the call according to current policies and procedures.   * Refer to the [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | | | |
| No | **Say** If at any time you have further questions, please call <Customer Care> toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>**.  Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | | | |

**2.** **Reassigned to Different Plan (Disenrolled from SilverScript)**

The CCR should perform the following:

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| **Step** | **Action** | | |
| **1** | Say   * Medicare is reassigning you to a different plan for the upcoming plan year. * The SilverScript plan you are currently enrolled in will increase your costs in the upcoming plan year. * We recommend that you accept the new plan Medicare has enrolled you in. * You can choose to remain in the SilverScript plan, however, you will pay a **monthly premium** and **higher costs** for your prescription drugs.   **Note:** The CCR should refer to [MED D - 2025 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18373e33-3e55-4833-a5f3-aeb37f9c7a15) to determine the CHOICE plan premium amount and review specific costs for the beneficiary using the cost charts below. | | |
| **If the beneficiary wants to…** | **Then the CCR will…** | |
| Accept the new plan assigned by CMS | Say   * I understand. * You don’t need to do anything else. * You will receive a second blue letter in December, called a Formulary Notice, listing the drugs you took in 2024 and it will show whether these drugs will be covered in your new plan. Additional plan information will also be mailed to you by the new plan.   **Proceed to Step 2.** | |
| Choose to remain in the SilverScript plan and pay a premium. | * Review and confirm with the beneficiary the amount of the monthly premium, based on the area where they live.   + Refer to [MED D - 2025 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=18373e33-3e55-4833-a5f3-aeb37f9c7a15) - SilverScript Premiums – CHOICE      * You will pay a monthly premium of **<$XX.XX>** and higher costs for your prescription drugs. * Do you choose to remain in the SilverScript plan and accept financial liability for these higher costs? | |
| **If…** | **Then…** |
| **Yes** | Allow me a moment to transfer you to a licensed enrollment agent that can assist you with reenrollment in the plan.   * **Warm Transfer the call to Enrollment (Telesales**) and advise the agent that the beneficiary was reassigned to a different prescription drug plan by Medicare but needs a new enrollment in **SilverScript Choice** to stay in their current plan.   **Current enrolled beneficiary**  1-800-882-9194  Enter Caller’s Zip Code when prompted.    **Note:**Phone number to provide to the beneficiary**if requested** is **1-833-606-0372**. Advise the caller not to select Option 1 as this will return the caller to SilverScript Customer Care. State there will be two selections to make and provide the appropriate Options to select for each call type below:   * Current enrolled beneficiary: Select Option 2 and then Option 1 * Prospective (non-beneficiary): Select Option 2 and then Option 2   Refer to: [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2) |
| **No** | * As a reminder, you can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from Medicare. * If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>> or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.   + TTY users should call **1-877-486-2048>**.   Proceed to **Step 2**. |
| **2** | Ask if there are any other questions. | | |
| **If…** | **Then…** | |
| Yes | Address any other questions/issues.  Say   * If at any time you have further questions, please call Customer Care toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>.**   Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |
| No | Say   * If at any time you have further questions, please call Customer Care toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>.**   Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |

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| FAQs |

Refer to the following:

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| Question | **Answer** |
| Why did I receive a letter from CMS/Medicare saying I was being enrolled into <SilverScript Choice> Plan? | **CCR Note: This is the blue letter issued by CMS notifying beneficiaries that they are being enrolled into the <SilverScript Choice> (PDP) Plan for <2025>.**  **Say**   * Medicare sent you a notice that they are enrolling you into a new drug plan for <2025> because the monthly plan premium for your current plan will increase. * If you want to remain in the <SilverScript Choice> prescription drug plan for <2025>, you don’t need to do anything. Effective January 1, <2025> SilverScript will provide your prescription drug coverage. * If you haven’t already you should receive an ID card and welcome kit from SilverScript. * You should continue to use your current prescription drug plan until December 31, <2024>. |
| How do I know if SilverScript covers the drugs I take? | **Say**   * I can help you with that today if you like. * Additionally, Medicare will send you another blue letter in December informing you which of the drugs you take are covered by SilverScript.   Refer to <[MED D - Drug Pricing Tool](file:///C:\Users\C337799\Downloads\CMS-PCP1-040984).> |
| What if I want to be in the SilverScript plan for the upcoming plan year? | **Say**   * If you want to remain in the <SilverScript Choice> prescription drug plan, you do not have to do anything. * You will receive your prescription drug benefits from your new plan effective January 1. * You can refer to the information listed on the blue letter (Reassignment Notice) you received from CMS. |
| What if I want to remain in the SilverScript plan and pay a higher premium or cost share? | Say If you wish to remain with SilverScript plan, your premiums and cost-sharing will be more than you’re paying now. Refer to Refer to [MED D - 2025 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18373e33-3e55-4833-a5f3-aeb37f9c7a15). |
| What if I want to choose another plan? Do I have other options? | **Say**   * Yes, your option is you can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from CMS.   + If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>>or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.>     - TTY users should call <**1-877-486-2048**>.   + If you enroll into another prescription drug plan, CMS will automatically disenroll you from the <SilverScript Choice> prescription drug plan. |

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| Resolution Time |

Information - Immediate

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)

**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](file:///C:\Users\dromano\Desktop\MCO%20MATERIAL%20REVIEWS\(DEE%2010.26.20)%20-%20DUE%2011.02%20-%20ELMA%20-%20Y0080_52144_SCR_2021_C%20Reassignment%20of%20LIS%20Beneficiaries%20Inbound%20Script\CMS-2-017428)>

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