# Compass MED D - Address Changes and Out of Area (OOA)

[Types of Addresses](#_Toc204082725)

[Determine Who is Calling and the Reason](#_Toc204082726)

[Address Changes Using RxEnroll Care](#_Toc204082727)

[Address Changes on Member Snapshot Landing Page](#_Toc204082728)

[Address Changes for Incarcerated Beneficiaries](#_Toc204082729)

[Email and Phone Number Changes](#_Toc204082730)

[Related Documents](#_Toc204082731)

**Description:** The goal of this document is to provide the Customer Care Representative (CCR) with guidance on address changes and Out of Area (OOA) processing.

|  |
| --- |
| Types of Addresses |

There are three types of addresses used for Medicare D beneficiaries:

* Residential address (Home or Permanent Address)
* Mailing Address
* Mail Order Pharmacy Address

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

 When updating a beneficiary’s **Permanent Address and Mailing Address,** updates are made in both the **Medicare D Landing Page** tab using the **RxEnroll Care** system **AND** the **Member Snapshot Landing Page.**

**Note:** System updates for Address Changes are effective immediately.

[Top of the Document](#_top)

|  |
| --- |
| 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | |
| **1** | Is the caller the beneficiary, POA, Legal Representative or Ship Counselor?  **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 **Compass**:   * **Member Alerts** * **Medicare D Alerts** * **Privacy Records** in the **Quick Actions** panel on the Member Snapshot Landing Page. * **Padlock Icon** in the **Member Details** panel on the Member Snapshot Landing Page.   Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b). | | | |
| 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 Compass 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](C:\\Users\\C337799\\Downloads\\TSRC-PROD-024341). The CCR must document the following information and continue to assist them in submitting an address change and document in Compass:   + Document in case comments 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 Step 2. | |
| No  (Documentation is not on file or Attestation not completed) | | * Advise the beneficiary:   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.   * Ask additional probing questions to attempt to resolve remaining questions or concerns. * Address any additional benefit issues. * Close the call. | |
| Ship Counselor | If the Ship Counselor provides their unique ID, the Ship Counselor can update the address on the beneficiary’s behalf.  **Note:** For questions on authenticating a SHIP Counselor refer to [Compass MED D - SHIP Counselor Calls For Part D Plans](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5507bbf1-230b-45ae-bf6b-923dcd16b4cf). | | | |
| Anyone else | Changes to the beneficiary’s contact information can only be completed by the beneficiary, a Legal Representative, or a Power of Attorney. Since you are not listed as an approved legal representative, we are unable to update the account at this time.  Refer to the [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b).  If the beneficiary is available and **verbally** provides permission, a change of address can be submitted by a non-legal representative. This is a one-time authorization. | | | |
| **2** | Determine the reason the beneficiary is calling. | | | | |
| **If...** | | **Then...** | | |
| Address Change for Open Order, Refill Order/Mail OrderorSingle Use/Single Fill Only | | Refer to [Compass - Add / Edit / Delete Mailing Address](C:\\Users\\C337799\\Downloads\\TSRC-PROD-053255). | | |
| Permanent (Home/Residential) or Mailing Address Change, Reporting a beneficiary is incarcerated | | Proceed to Step 3. | | |
| Beneficiary Received an Out of Area letter | | * From the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click the **Last 12 months of Communication** hyperlink to review the Out of Area letter. Refer to [Compass MED D - Viewing Correspondence and Requesting Reprints](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c). * When MEDICARE is notified 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](C:\\Users\\C337799\\Downloads\\CMS-PRD1-080076) * [MED D - Blue MedicareRx (NEJE) OOA Sample Letter](C:\\Users\\C337799\\Downloads\\CMS-PRD1-080075) | | |
| **3** | Perform the following based on Client/Team: | | | | |
| **If...** | | **Then...** | | |
| SilverScript(x9110) and NEJE | | Proceed to the [Address Changes Using RxEnroll Care](#_Address_Changes_Using) section in this document. | | |
| Health Plans and EGWP | | Refer to the CIF to determine if the plan handles the situations outlined in this document. | | |
| **If...** | | **Then...** |
| Client | | Follow direction provided in CIF. |
| SSI | | Proceed to the [Address Changes Using RxEnroll Care](#_Mailing_Address_Changes_1) section in this document. |
| Any other client | | Transfer call to dedicated team. | | |

[Top of the Document](#_top)

|  |
| --- |
| Address Changes Using RxEnroll Care |

Perform the steps below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | | | | |
| **1** | From the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click the **RxEnroll Care** hyperlink.    **Result:** RxEnroll Care opens in a separate browser window. | | | | | | | | |
| **2** | Determine if there are **Action Areas**. | | | | | | | | |
| **If...** | | **Then...** | | | | | | |
| Yes | | 1. Under the **Action Areas** heading, select **Address Change**.     **Result:** The Address Information screen displays with the current address information on file for the beneficiary.   1. Proceed to **Step 3**. | | | | | | |
| No, but the beneficiary requests to update address information | | 1. From the menu sidebar, select **Demographic Changes**. 2. Click **Address Changes**.       **Result:** The Address Information screen displays with the current address information on file for the beneficiary.   1. Proceed to **Step 3**. | | | | | | |
| **3** | Review the **Address Information** and **Current Address Information** fields, then proceed to **Step 4**.  **Note:** If there is a pending OOA case for the beneficiary, it will display the date in red below the **Address Information** section heading in which the beneficiary needs to confirm their Permanent (Home/Residential) address in order to avoid disenrollment. | | | | | | | | |
| **4** | Which address would you like to change today?  Based on the response, determine which address update is needed: | | | | | | | | |
| **If...** | | | | **Then...** | | | | |
| The Permanent (Home/Residential) and or Mailing address are incorrect and need to be updated | | | | 1. Do **NOT** check the boxes below the addresses.   **Result:** The Address Update screen will display.   1. Proceed to **Step 5**. | | | | |
| Only Permanent (Home/Residential) address is correct | | | | 1. Check the **Permanent address on file is correct** box below the permanent address. 2. Click **Next**. 3. Proceed to **Step 5**.     **Result:** The **Permanent Address** field will be grayed out in the address update screen. | | | | |
| Only Mailing address is correct | | | | 1. Check the **Mailing address on file is correct** box below the mailing address. 2. Click **Next**. 3. Proceed to **Step 5**.     **Result:** The **Mailing Address** fields will be greyed out in the address update screen. | | | | |
| Both the Permanent (Home/Residential) and Mailing address are correct | | | | 1. Check the **Permanent address on file is correct** box below the permanent address. 2. Check the **Mailing address on file is correct** box below the mailing address. 3. Click **Next**. 4. Advise the beneficiary:   I have confirmed that both your Permanent ((Home/Residential) address and Mailing address are correct. Is there anything else I can assist you with today?   1. **Exit** the RXEnroll Care tool by clicking either **Yes** or **No**. 2. Assist the beneficiary with any other issues as needed. If the beneficiary has no further issues, close the call. | | | | |
| Beneficiary has or will move **Out of the Country** | | | | * Confirm the caller’s identity and obtain the information requested on the care screen in RxEnroll.   **Important Process Note:**   * Foreign addresses must 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 will be grayed out   + Email   + Phone   + Calendar Icon. Only populate if the date is for a future permanent move. * **This will initiate the OOA process to disenroll the beneficiary for the end of the month.** * Review the message with the caller that the beneficiary will need to reenroll in a Part D plan upon return to the Country. * Click **Next**. | | | | |
| Beneficiary request to cancel any updates during the call. | | | | 1. Select **Cancel**. 2. Read the language presented in the pop-up box. 3. Enter the following Comments in the pop-up box: Beneficiary advised to cancel address change due to <Reason>. 4. If needed, provide Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). 5. Click **Submit**. 6. Log out of the RxEnroll Care application. 7. Close the call. | | | | |
| **5** | Any stay that lasts more than 12 months is considered a permanent address change by Medicare. Would you like to update the address today?   1. Based on the beneficiary’s response update the Permanent (Home/Residential), mailing, or both addresses as needed. Complete **ALL** fields.   **Note:** If the mailing address is the same as the Permanent (Home/Residential) address, check the **Mailing address same as permanent address** box to auto populate all fields.   1. Click the **Next** button when finished. 2. Proceed to **Step 6**.   **Important Process Notes:**   1. The address lines have a **30-character limit**. 2. **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    * 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…** | | | | | **Then...** | | | |
| Permanent (Home/Residential) Address Change | | | | | Populate all fields under the Permanent Address Section. An Asterisk (\*) indicates a mandatory field. The address lines have a 30-character limit.   * 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 drop-down menu) * Zip\* * Email * Phone * Calendar Icon. Only populate if the date is for a future permanent move.   **Reminder: 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.   + 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 drop-down menu     - Zip will be grayed out     - Email     - Phone     - Calendar Icon. Only populate if the date is for a future permanent move.     - This will initiate the OOA process to disenroll the beneficiary for the end of the month. | | | |
| Mailing/Alternate Address Change | | | | | If the mailing address is the same as the Permanent (Home/Residential) address, check the **Mailing address same as permanent address** box to auto populate all fields.  If not populate all fields under the Mailing Address. 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 drop-down menu) * Zip\* * Email * Phone * Calendar Icon. Only populate if the date is for a future permanent move.   **Note:**   * The address lines have a 30-character limit. * 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 drop-down menu   + Zip will be grayed out   + Email   + Phone   + Calendar Icon. Only populate if the date is for a future permanent move. | | | |
| Temporary Address Change | | | | | Create a Support Task.  **Type:** Demographics - Address Change  **Request Type:** MailingAddress  **Notes:**   * Beneficiary’s mailing address is temporary. <Temp Address> Starting <MMDDYYYY> Returning <MMDDYYYY>. * Beneficiary’s TEMPORARY 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). | | | |
| **6** | Confirm the address change(s) with the beneficiary and review the message on the screen to advise the beneficiary that if the mailing address is being used on a temporary basis, they will need to contact the plan to update their records when there is a change.  To confirm, we will be changing your [say Primary and/or Mailing as applicable] to [read the information you entered above].   * If Mailing is being updated, say: 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. * Do you wish to proceed? | | | | | | | | |
| **If...** | **Then...** | | | | | | | |
| Yes | Select the **Yes** radio button.  **Note:** The system will run the addresses through the US Postal Service Perfect Address database. This service will check the new address and provide suggestions if a typographical error was made, or if the address does not match the database. | | | | | | | |
| **If the address...** | | | | | **Then...** | | |
| Matches the Perfect Address Database | | | | | * Select **Accept** and **Continue**. * Proceed to Step 7. | | |
| Does not Match the Perfect Address Database | | | | | If applicable, Do you want to overwrite existing address details with Standardized Address provided by Perfect Address? | | |
| **If…** | | **Then...** |
| Yes, accept the recommendation | | 1. Place a check on the **Perfect Address** line(s). 2. Select **Submit**.     **Note:** If the Perfect Address is not selected, then the **Override** box will need to be selected. |
| No, decline the recommendation | | 1. Select **Cancel**.      1. Verify address with beneficiary. 2. If correct, check the appropriate **Override** box on the address update screen. |
| Invalid Address - USPS information may not be up-to-date (**Example:** New street, new subdivision, etc.) | | 1. Select **OK**.      1. Verify address with beneficiary. 2. If correct, check the appropriate **Override** box on the address update screen. |
| No | 1. Select the **No** radio button. 2. Enter the following Comments in the pop-up box: Beneficiary does not agree to address change due to <Reason>. 3. If needed, provide Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary). 4. Click **Submit**. 5. Log out of the RxEnroll Care application. 6. Close the call. | | | | | | | |
| **7** | RxEnroll Care determines: | | | | | | | | |
| **If...** | | | **Then...** | | | | | |
| New address is in area | | | The **Address Update - In Area** screen will display.   1. Review the message with the beneficiary to let them know that their address has been updated. 2. Proceed to **Step 8**. | | | | | |
| Address is out of area due to reporting a foreign address and the beneficiary is no longer eligible for a Medicare Plan | | | The **OOA Disenrollment** screen will display.  **Notes:**   * For SilverScript EGWP beneficiaries, the OOA disenrollment screen will only display for a foreign address. * Review the message displayed within RxEnroll Care with the beneficiary to advise them of their upcoming disenrollment. * Leave comments to indicate what actions were taken and any pertinent information (mandatory). * Enter appropriate comments into RxEnroll and copy and paste into case comments in Compass. | | | | | |
| Beneficiary is an auto enrollee who has moved to a region below the benchmark | | | The **Address Update - In Area** screen will display.   1. Review the message with the beneficiary to let them know that their address has been updated. 2. Proceed to Step 8.   Refer to [Compass MED D - Over/Under the Benchmark](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1eeef51e-e635-4168-b6a4-280f7c3dd11f). | | | | | |
| New enrollment is required for the beneficiary’s new region  **OR**  Beneficiary is an auto enrollee who has moved to a region above the benchmark | | | The **New Enrollment Required** screen will display.  Review the message displayed within RxEnroll Care with the beneficiary indicating that a new enrollment is required to prevent a lapse in coverage.  Disenrollments are effective the first day of the next month. It is critically important that the beneficiary is aware that a new enrollment is needed when changing their permanent address near the end of the month. | | | | | |
| **If beneficiary would like to ...** | | | | **Then...** | |
| Continue reenrollment in the new region | | | | Select **Yes. Warm Transfer** to an Enrollment Agent at 1-800-882-9194 (For Internal Use Only).  Refer to [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2).  **Note:** Enter detailed comments into RxEnroll and copy and paste these notes into Case Comments before closing the Case in Compass. | |
| Does not want to speak to an enrollment trained representative | | | | Select **No, member would like to be disenrolled in RxEnroll Care**.  Review the message displayed in RxEnroll providing the beneficiary with the disenrollment effective date.  **Note:** If the beneficiary agrees with the action to disenroll, select **Continue with disenrollment**.   * Enter detailed comments into RxEnroll and copy and paste these notes into Case Comments before closing the Case in Compass.   If the beneficiary wishes to stay with the plan, for a new application to be completed, advise the beneficiary an enrollment application can be completed by:   * Visiting [www.aetnamedicare.com](http://www.aetnamedicare.com). * Call 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week or visit [www.medicare.gov](http://www.medicare.gov) to enroll. TTY users should call 1-877-486-2048.   + Phone number to provide to the beneficiaryif 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 | |
| **8** | Document the old and new address by clicking the **Edit Comment** button in the **Case Data** section. | | | | | | | | |
| **9** | Address **must** **also** be updated on the Member Snapshot Landing page.  Proceed to the [Address Changes on Member Snapshot Landing Page](#_Address_Changes_in_1) section of this document. | | | | | | | | |

[Top of the Document](#_top)

|  |
| --- |
| Address Changes on Member Snapshot Landing Page |

Perform the following steps:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | From the Member Snapshot Landing Page, navigate to the **Contact Information Panel**, **Address** section and click **View All**.    **Result:** The **Addresses** tab displays. | |
| **2** | Review the addresses already on file for the beneficiary and determine if the address should be edited, added, or deleted. | |
| **If…** | **Then…** |
| Add Address | Click the **Add** button.    **Result:** The Add Address popup displays. Proceed to the next step. |
| Edit Address | Locate the address that needs to be edited, and then click the **Row Level Action** drop-down arrow to select **Edit**.    **Result:** The Edit Address popup displays. Proceed to the next step. |
| Delete Address | * + - 1. Locate the address that needs to be deleted, and then click the **Row Level Action** drop-down arrow to select **Delete**.   **Note:** Only alternate addresses can be deleted.    **Result:** The Delete Address popup displays.   * + - 1. In the **Delete Address** popup, review and verify the address the caller wants to delete from their member account, then click **Delete**.   **Result:** A message will display: “Address was successfully deleted”. |
| **3** | In the popup, enter address information, then click **Save**.  **Example:**    **Result:** A success message will display.  **Notes:**   * There is a 30-character max limit for the **Street**, **Apartment**, and **City** fields. * If the **Address Type** “Alternate” is selected, the system will require you to select **Start Mailing On** and **Stop Mailing On** dates.   + When an order is started using a one-time address and diverts to Future Fill, when it releases from Future Fill it will select the beneficiary’s default address on file. Entering a date range for the Alternate address ensures the prescription ships to the correct address if it diverts to Future Fill. | |
| **4** | 1. Ask additional probing questions to attempt to resolve remaining questions or concerns. 2. Address any additional benefit issues 3. Close the call. | |

[Top of the Document](#_top)

|  |
| --- |
| Address Changes for Incarcerated Beneficiaries |

Perform the steps below:

|  |  |
| --- | --- |
| **Step** | **Action...** |
| **1** | Check the box for: **Note** **If the member is incarcerated, please check this box**.    **Result:** The Address Update Incarceration screen will display. |
| **2** | Confirm the caller’s identity and obtain the information requested on the Incarceration screen in RxEnroll. |
| **3** | Enter the following information:   * 1. Caller’s name.      * 1. Start date of Incarceration period. End date of incarceration period, if available.      * 1. State in which the beneficiary is incarcerated. |
| **4** | Review the message with the caller that the beneficiary will need to reenroll in a Part D plan upon release. |
| **5** | Click **Next**.    **Result:** The RxEnroll Care main page will display and no further action is required. |
| **6** | Ask additional probing questions to attempt to resolve remaining questions or concerns and address any additional benefit issues. Then close the call.  **Note:** All incarceration tasks will be researched fully by an enrollment specialist to confirm incarceration prior to a disenrollment being processed. Clicking **Next** will not automatically disenroll the beneficiary but will submit the request for research. |

[Top of the Document](#_top)

|  |
| --- |
| Email and Phone Number Changes |

To update Email/Phone and Medicare D Landing page, refer to: [Compass MED D - Email and Phone Number Changes](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5888e5ed-52cf-4716-bd08-ebe95bd10a46).

To update Email/Phone on the Member Snapshot Landing page, refer to:

* [Compass - Add / Edit / Delete Phone Number](file:///C:\Users\C337799\Downloads\TSRC-PROD-053256)

* [Compass - Add / Edit / Delete Email Address](C:\\Users\\C337799\\Downloads\\TSRC-PROD-053409)

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate work instruction linked to from [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\C337799\Downloads\CMS-2-017428)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**