# Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)

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**Description:** Includes the types of documentation CMS requires when the beneficiary chooses someone to speak on their behalf, including Appointment of Representative (AOR), Power of Attorney (POA), Legal Representative, and Plan Member Authorization Form.

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| Types of Authorization |

Below is a list of authorizations that may address the beneficiary’s needs:

 The team processing the different authorizations below enter two dates: The date the document was scanned and a default termination date of “one day from today”. These documents are valid for longer than one day, refer to the chart below to determine how long a specific form is valid.

 AOR and POA’s are no longer valid upon the death of the beneficiary. In order to address any issues on the account for a deceased beneficiary’s account, CVS Caremark must receive one of the following (copies are acceptable):

* Letters of Testamentary
* Executor of Estate
* Death Certificate and affidavit stating no one else is in line for their estate.

**NOTE:** Beneficiaries can have multiple AOR or POAs on file.

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| **Form Type** | **Timeframe Valid** | **Authorization** | | **Limitations** |
| MED D Appointed Representative (AOR) Form 1696 | **An AOR is valid for one year from date of signature.** A new AOR does not have to be filed for every new issue if an AOR is on file that is not older than one year. | * Appointed representative form (AOR) allows the beneficiary to appoint a representative to handle an issue on their behalf related to an appeal, grievance or coverage determination. * This appointed individual can make requests regarding a grievance; obtain appeals information and gain personal medical information related to the appeal on behalf of the beneficiary. * The [AOR form](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-PRD1-096099) is also available in [large print](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-015421) and [Spanish](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-015422). * AOR is no longer valid upon the death of the beneficiary. In order to address any issues on a deceased beneficiary’s account, CVS Caremark must receive one of the following (copies are acceptable):   + Letters of Testamentary   + Executor of Estate   + Death Certificate and affidavit stating no one else is in line for their estate.   To request an AOR form, refer to the [Requesting an Appointed Representative (AOR) Form](#_Requesting_an_Appointed) section of this document. | | The AOR is **NOT** valid for anything other than appeals, grievances, or coverage determination. |
| Power of Attorney | Valid until authorization is revoked or beneficiary is deceased. | Power of Attorney is a legal document, which authorizes the designated individual to manage **all** aspects of a beneficiary's account. This form should be suggested in instances when the beneficiary feels a representative should have access to unlimited PHI and authorization to make changes to the account, such as address and payment changes.  The Power of Attorney can be used:   * Disclosure of PHI/PII * Authorization to make any account changes, including enrollment and disenrollment requests * Grievances * Coverage Determination/Appeals   The POA must meet the regulations set by the state in which the beneficiary lives.  POA is no longer valid upon the death of the beneficiary. In order to address any issues on a deceased beneficiary’s account, CVS Caremark must receive one of the following (copies are acceptable):   * Letters of Testamentary * Executor of Estate * Death Certificate and affidavit stating no one else is in line for their estate.   **Notes:**   * POA forms are not available from CVS Caremark as legal requirements vary by state.An AOR or plan authorization is not required if a POA is on file. * If a POA is denied, the beneficiary will be sent a denial letter along with the original POA. This is the only time the form will be sent back.   There are 4 different types of POA. | |  |
| **POA Type** | **Details** |  |
| **POAD (Durable)** | Names a designated individual to handle **all** of a beneficiary’s affairs. | None |
| **POAF (Financial)** | This allows the designated individual to handle **any and all**of the beneficiary’s **finances** (i.e. paying bills, opening bank accounts, applying for loan, etc.). | **CANNOT** file a Coverage Determination or Grievance |
| **POAG (General)** | This is a non-specific POA that basically states:  “I, the beneficiary, give the designated individual the powers to handle my affairs”. | None |
| **POAM (Medical)** | Allows the designated individual to make **any** changes to medical plans and make medical decisions for the beneficiary. | None |
| Plan Member Authorization Form | Valid until:   * Authorization is revoked * Beneficiary is deceased   **OR**   * One year following the termination of participation in a pharmacy benefit plan or drug discount card, as applicable, administered by CVS/Caremark | Plan member authorization form allows someone other than the beneficiary to **receive information** from the plan sponsor and **discuss** **PHI** regarding their plan, including:   * Enrollment and post enrollment mailings * Authorization of prescription benefit and claim information * Information pertaining to treatment for chronic diseases, behavioral health conditions, and/or communicable diseases.   Once disclosed to the individual(s) the Protected Health Information is no longer protected by federal privacy laws and may be further re-disclosed by the recipient(s).  **Sample Form:**  [Plan Member Authorization Form](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-PRD1-064395)  To request a Plan Member Authorization form, refer to the [Requesting a Plan Member Authorization Form](#_Requesting_a_Plan) section of this document. | | Plan Member Authorization form is **NOT** acceptable for:   * Grievances * Appeals * Enrollment into a plan * Making any changes to the beneficiary’s account |
| One-time Authorization Form | * One-time access * Expires after 90 days | Authorizes a **one-time release of** **information** (**PHI**) to a designated person, organization, or entity. This does not allow the designated individual to take any action on a beneficiary’s behalf or with respect to the beneficiary’s account.  **Sample Form:**  [One-Time Authorization of Protected Health Information (PHI) Form - English](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-2-004676)  To request a One-Time Authorization form, refer to the [Requesting a Plan Member Authorization Form](#_Third_Party_Form) section of this document. | | The One-time Authorization Form is **NOT** acceptable for:   * Grievances * Appeals * Enrollment into a plan |
| Extended Authorization Form | * Repeated access * Expires one year after date written by beneficiary on form – OR - if no date specified, one year following termination of the beneficiary’s benefits with CVS Caremark | * Authorizes only the release of information but does not allow the designated individual to take any action on a beneficiary’s behalf or with respect to the beneficiary’s account, unless specifically outlined in the form. * Used when the beneficiary wants to allow someone else ongoing access to their PHI. This form also allows the beneficiary to outline specific information the designated individual is allowed to access and for what purpose. For example, a beneficiary wants to allow a trusted family beneficiary or caretaker to have access to their order status.   **Sample Form:**  [Extended Authorization Form](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-PRD1-064395)  To request an Extended Authorization form, refer to the [Requesting a Plan Member Authorization Form](#_Third_Party_Form) section of this document. | | The Extended Authorization Form is **NOT** acceptable for:   * Grievances * Appeals * Enrollment into a plan |
| Legal Guardian | Valid until authorization is revoked or beneficiary is deceased. | A guardianship authorizes the designated individual to manage **all** aspects of a beneficiary's account not limited to but including those who:   * Have a physical or mental problem that prevents them from taking care of their own basic needs; * As a result are in danger of substantial harm to themselves; and * Have no person already legally authorized to assume responsibility for them; * Is deemed fully or partially incapable of providing these necessities for themself. | | None |
| Legal Conservator | Valid until authorization is revoked or beneficiary is deceased. | A conservatorship is a legal right given to a person to be responsible for the assets and finances of a person deemed fully or partially incapable of providing these necessities for themself. This right authorizes the designated individual to manage **all** aspects of a beneficiary's account. | | None |

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| Process |

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | Determine the relationship of the caller to the beneficiary. | | |
| **If…** | **Then…** | |
| The caller states they are a POA, Legal Guardian or Legal Conservator | Proceed to the next step. | |
| Ship Counselor | Refer to [Compass MED D - SHIP Counselor Calls For CVS Caremark Part D Plans](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft Teams Chat Files/TSRC-PROD-061877). | |
| Any other relation to the beneficiary | * Only the beneficiary, Authenticated SHIP Counselor or POA is able to make changes to the beneficiary’s account. * Appropriate legal documentation along with the following information can be mailed to the plan.   + Beneficiary’s first and last name   + Beneficiary ID as it appears on the Member ID card   + Beneficiary’s address and phone number   + A copy of the Power of Attorney or other legal documentation that indicates the Name and identifying information of the person authorized to act on behalf of the beneficiary for health care purposes   + First and last name   + Address   + Telephone number   Refer to [Addresses for POA and/or Legal Representative Documentation](#_Addresses_for_POA_1). | |
| **2** | 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 [Viewing Authorizations on File in Compass](#_Viewing_Authorizations_on). | | |
| **If comments are:** | **Then…** | |
| Verified | Proceed to assist the caller.  When speaking with an AOR or POA, the CCR must note caller’s first and last name, phone number and address and indicate AOR or POA in the Case notes. | |
| Not verified and caller indicates they are the POA or Legal Guardian | Determine what the caller would like to handle for the beneficiary: | |
| **If...** | **Then...** |
| Enrollment/Disenrollment Processes include but are not limited to:   * Address changes * New Plan Enrollments or missing information * Disenrollment * TRC 127 attestations * LEP attestations | Proceed to [MED D - Obtaining a Verbal Attestation from an Authorized Representative](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-024341). |
| Prospective Enrollee | Proceed to [MED D - Obtaining a Verbal Attestation from an Authorized Representative](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-024341). |
| Any other process. | * Only the beneficiary, Authenticated SHIP Counselor or POA is able to make changes to the beneficiary’s account. * Appropriate legal documentation along with the following information can be mailed to the plan.   + Beneficiary’s first and last name   + Beneficiary ID as it appears on the Member ID card   + Beneficiary’s address and phone number   + A copy of the Power of Attorney or other legal documentation that indicates the Name and identifying information of the person authorized to act on behalf of the beneficiary for health care purposes   + First and last name   + Address   + Telephone number   Refer to [Addresses for POA and/or Legal Representative Documentation](#_Addresses_for_POA_1). |
| Not verified and is any other relation to the beneficiary | Determine what the caller would like to handle for the beneficiary: | |
| **If caller would like to…** | **Then...** |
| File an appeal or initiate a coverage determination. | I can have a MED D Appointed Representative (AOR) Form sent to the beneficiary, or the beneficiary can access the form on the plan’s website.  Refer to the [Requesting an Appointed Representative (AOR) Form](#_Location_of_POA,) section of this document. |
| File a grievance | **SilverScript Only:**  Refer to [MED D - Grievances in MHK Nitro (SSI PDP, SSI EGWP, Aetna EGWP)](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-040885)  **Blue MedicareRx (NEJE) and Health Plans Only:**  Submit a grievance in Compass by navigating to the Quick Actions panel and selecting **Submit New Grievance**. Refer to [Compass MED D - How to File a Grievance in Compass](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1bfd5ce-4c26-4dbb-a851-188f548bdf81). |
| Check the status of a Grievance or Appeal | Refer to [Appeals or Grievances Status Calls](#_PHI_Requests_on).  **Note:** Only an AOR or POA can check the status.  Refer to the [Requesting an Appointed Representative (AOR) Form](#_Location_of_POA,) section of this document. |
| Receive information from the plan sponsor and discuss PHI regarding beneficiary’s plan, including:   * Enrollment and post enrollment mailings * Authorization of prescription benefit and claim information * Information pertaining to treatment for chronic diseases, behavioral health conditions, and/or communicable diseases. | I can have an MED D Plan Member Authorization Form sent to the beneficiary or the beneficiary can access the form on the plan’s website.  Refer to the [Requesting a Plan Member Authorization Form](#_Third_Party_Form) section of this document. |

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| Viewing Authorizations on File in Compass |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Access the Compass account for the beneficiary in question. | |
| **2** | Determine Client. | |
| **If...** | **Then...** |
| SilverScript or Blue MedicareRx (NEJE) | View **Medicare D Alerts** from the Medicare D Landing Page.  **Notes:** Read the Alerts carefully to identify if there is a POA on file. PHI, POA, and AOR information are all documented within the POA application.  **Examples:**   * PHI documentation has been added to the system (this is NOT a POA document):      * POA documentation has been added to the system:      * AOR Documentation has been added to the system: |
| All Clients | Proceed to the next step. |
| **3** | Look for the **Padlock** icon in the **Member Details** panel on the Member Snapshot Landing Page.  **Note:** If there is a Privacy Record, this **Padlock** icon will also appear on the **Authentication Information** screen. | |
| **If...** | **Then...** |
| The icon is displayed | There is a Privacy Record on file for the member.  From the **Member Snapshot** tab, click **Privacy Records** in the **Quick Actions** panel or click the padlock icon in the **Member Details** panel.        **Result:** The **Privacy Records** section and the **Medicare D Alerts** section display.    **Notes:**   * All active and inactive Privacy Records will display in descending order by expiration date. * **Privacy Records** will display the following fields:   + Name   + Address   + Phone Number   + Effective Date   + Expiration Date   + Privacy Type   + Password * **Medicare D Alerts** will display in order of most recently added. Alerts may be filtered by using:   + The **Date Range** “MM/DD/YYYY” field or selected from the **Calendar** icon.   + The **Search by Keyword** field.   + Both the **Date Range** and **Search by Keyword** fields.     - The Results may be sorted by Create Date, Created By, or Details.     - “No Records Found” will display when there are no records returned.   Proceed to the next step. |
| The icon is not displayed | The **Privacy Records** section will display the following message: “No Records Found”.   * View **Medicare D Alerts** for any restrictions or authorizations that may have been added to the account prior to March 2013. * The **Medicare D Alerts** section will display the following message: “No Records Found” if there are no alerts. |
| **4** | Locate the Privacy Record that corresponds with the inquiry, click the **Row Level Action** drop-down arrow, and click **View**.        **Result:** The View Privacy Information screen displays the type of authorization and the relationship to the member.    **Notes:**   * If the Expiration date displays 12-31-9999, this indicates that the Privacy Record is valid until the member’s death or if revoked. * If the Privacy Record is expired, it is no longer valid. * Agent can view **Medicare D Alerts** below the **Privacy Records** section. | |
| **5** | Review the information to ensure the person listed matches the inquiry. The following data will be displayed:   * Privacy Type * Legal Reason * Password * Authorized Company * First, Middle, Last Name * Phone Number and Extension * Address: Line 1, 2, 3, City, State, and Zip Code * Effective and Expiration dates * Created By * Created Date * Updated By * Updated Date * Comments   **Example:** TPA - Husband. **Note:** If an Extended Authorization form is on file, a POA document is necessary for changes to be made on the account.The Extended Authorization form only authorizes the release of information. It does not allow the designated individual to take any action on a member’s behalf or with respect to the member’s account, unless specifically outlined. | |

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| Requesting an Appointed Representative (AOR) Form |

To submit a Support Task, refer to [Compass - Create a Support Task](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft Teams Chat Files/TSRC-PROD-050031) as needed.

The process for requesting an AOR form will vary based on the type of issue:

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| **Issue Type…** | **Then…** | |
| **Appeals and/or Prior Authorizations** | Submit a Fulfillment request in **Compass** using the **Create a Support Task** button.  **Task Type:**  Fulfillment  **Type of Form:**  Authorization Release Form  **Requested Info:**  Med D Appointed Rep Form  **Notes Field:** Specify that this AOR request is for an **Appeal or Prior Authorization**.  **Reference:** For further details on filing an Appeal refer to the [Compass MED D - Coverage Determinations and Redeterminations (Appeals)](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft Teams Chat Files/TSRC-PROD-061745) work instruction. | |
| **Grievances** | **SilverScript Only:**  **Task Type:**  Fulfillment  **Type of Form:**  Authorization Release Form  **Requested Info:**  Med D Appointed Rep Form  **Notes Field:** Specify that this AOR request is for a **Grievance**.  **Reference:** For further details on filing a Grievance, refer to the appropriate Grievances work instruction linked to from [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3). | |
| **Self Service** | This will vary based on the client.  **Note:** The AOR will **NOT** be recorded on the account until the form is received.  Refer to the following: | |
| **Client** | **Details** |
| SilverScript | Website: [www.aetnamedicare.com](http://www.aetnamedicare.com)   * When you click the AOR form, you will be transferred to the CMS website for the form. * Refer to the corresponding section within this document for submission address and advise the beneficiary. |
| Blue MedicareRx (NEJE) | The website links the beneficiary directly to the CMS website: <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>. |
| All Other Clients  (EGWP/HealthPlan) | Review the CIF for proper direction or direct the beneficiary to the CMS website:  <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>. |

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| Addresses for POA and/or Legal Representative Documentation |

If the beneficiary needs to send the information via Express Shipping requiring a physical address, provide the address below:

Research Team

800 NW Chipman RD Suite #5830

Lee’s Summit, MO 64063

**Note:** In the event that a Power of Attorney Authorization form or other legal documents are received in the call center, forward them using interoffice mailto the above address.

**Reminder:** The Power of Attorney/Legal documentation forms will be received and processed by Incoming Correspondence Unit within 10 business days.

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| **Client** | **Address** |
| **SilverScript** | **SilverScript Insurance**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-552-6205**  **Note:** A copy of the Power of Attorney or other legal documentation is acceptable even if the document contains a raised seal (happens in court orders, etc.). |
| **Blue MedicareRx (NEJE)** | **Blue Medicare Rx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-342-7048**  **Note:** A copy of the Power of Attorney or other legal documentation is acceptable even if the document contains a raised seal (happens in court orders, etc.). |
| **All Other Clients**  (EGWP/HealthPlan) | **CVS Caremark**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-552-6205**  **Note:** A copy of the Power of Attorney or other legal documentation is acceptable even if the document contains a raised seal (happens in court orders, etc.). |
| **All Clients** | AOR letters sent for all clients may provide the Coverage Determinations & Appeals address to send in information. CCRs should provide the client-specific addresses above when assisting beneficiaries, however it is acceptable if a beneficiary uses the address from their letter:  **CVS Caremark Part D Services**  **Coverage Determinations & Appeals**  **P.O. Box 52000, MC 109**  **Phoenix, AZ 85072-2000**  **Fax:**  **1-855-633-7673**  **Note:** A copy of the Power of Attorney or other legal documentation is acceptable even if the document contains a raised seal (happens in court orders, etc.). |

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| Requesting a Plan Member Authorization Form |

The beneficiary can revoke authorization at any time by notifying the plan, in writing to:

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| **Client** | **Address** |
| **SilverScript** | **SilverScript Insurance**  **PO Box 30001**  **Pittsburgh, PA 15222-0330** |
| **Blue MedicareRx (NEJE)** | **Blue Medicare Rx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330** |
| **All Other Clients**  (EGWP/HealthPlan) | **CVS Caremark**  **PO Box 30001**  **Pittsburgh, PA 15222-0330** |

Perform the following steps when a beneficiary requests an authorization form:

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| **Step** | **Action** |
| **1** | Advise beneficiary that the One-Time, Plan Member/Extended Authorization Forms are available for download on Caremark.com.   * If beneficiary prefers to have the form mailed, proceed to the next step. |
| **2** | Determine if a Support Task has already been created. Refer to [Compass - View Support Task History](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-050044).   * If yes, advise the caller a Support Task already exists, and provide the turnaround time. * If no, proceed to the next step. |
| **3** | Submit a Fulfillment request using the **Create a Support Task** button.    **Task Type:**  Fulfillment  **Type of Form:**  Authorization Release Form  **Requested Info:**  Select Extended Release Form (Plan Member Authorization Form) or One Time Release Form  Verify the shipping address for the form and add detailed notes if applicable. |
| **4** | Inform beneficiary the request has been sent for an authorization form to be mailed to them.  Completed forms should be mailed to the address provided on the form:  CVS Caremark  Attn: Research Department  P.O. Box 6590  Lee’s Summit, MO 64064  **Resolution Time:**   * To mail form to beneficiary = 3 business days * To process once received = 10 business days |

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| Appeals or Grievances Status Calls |

When receiving a call from someone other than the beneficiary about an Appeal or Grievance the CCR will:

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| **Step** | **Action** | | |
| **1** | 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** (access from the **Quick Actions** panel on the Member Snapshot Landing Page) * **Padlock Icon** (access from the **Member Details** panel on the Member Snapshot Landing Page)   Refer to [Viewing Authorizations on File in Compass](#_Viewing_Authorizations_on).  **Note:** If the AOR form is not on file refer to the [Requesting an Appointed Representative (AOR) Form](#_Location_of_POA,) section in this document.  **CCR Process Note:** It is important that the caller be made aware that the POA must meet the regulations set by the state in which the beneficiary lives.  **These comments should identify:** | | |
| **Appeal** | * The person who has been identified as the appointed representative. * The **Appeals ID task #** as well as the date of entry. | |
| **Grievance** | The **Grievance ID task #** as well as the date of entry. | |
| **Remember: AORs completed for an Appeal or a Grievance are good for a 12-month period from the date of signature.** | | |
| **If the caller is…** | | **Then…** |
| The person on file  Refer to [Viewing Authorizations on File in Compass](#_Viewing_Authorizations_on). | | * Address any benefit issues. * Document and close the call according to current policies and procedures.   Refer to:   * [Compass MED D - Call Documentation Job Aid](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft Teams Chat Files/TSRC-PROD-061758)  * [Compass - Call Documentation](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft Teams Chat Files/TSRC-PROD-050011) |
| **NOT** listed as the Appointed Representative | | Advise the caller that the person assigned as the AOR must call on the beneficiary’s behalf.  **OR**  The beneficiary must submit a new AOR to appoint an additional designee.   * Refer to the [Requesting an](#_Location_of_POA,) [Appointed Representative (AOR) Form](#_Location_of_POA,) section of this document to provide direction on obtaining an AOR.   **CCR Process Note:** It is important that the caller be made aware that the POA must meet the regulations set by the state in which the beneficiary lives. |

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| Related Documents |

* Refer to the “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)
* [MED D - Appointment of Representative (AOR) form](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-PRD1-096099)
* [MED D - Appointment of Representative (AOR) form - Large Print](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-015421)
* [MED D - Appointment of Representative (AOR) form - Spanish](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/TSRC-PROD-015422)
* [Extended Authorization of Protected Health Information (PHI) Form - English](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-PRD1-064395)

**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/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365-my.sharepoint.com/personal/kianah_richardson_cvshealth_com/Documents/Microsoft%20Teams%20Chat%20Files/CMS-2-017428)

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