**Compass 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 Landing Page** via Support Taskand the **Member Snapshot Landing Page** of **Compass** 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 - When to Refer to Social Security (SSA) and Medicare (CMS)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c9e294cd-93c4-466f-a6d8-e850070eda25).

**Beneficiary received an Out of Area letter (DSOOA or DHOOA):** 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](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080076) (080076)
* [MED D - Blue MedicareRx (NEJE) OOA Sample Letter](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080075) (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 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/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b) (061884).  Proceed to [Address Changes When RxEnroll Care Is Down](#_Address_Changes_When). | | | |
| 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](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-024341) (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 [Address Changes When RxEnroll Care Is Down](#_Address_Changes_When). | |
| No  (Documentation is not on file or Attestation not completed) | | * Advise the beneficiary:   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.   * Ask additional probing questions to attempt to resolve remaining question 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.  Proceed to Step 2.  **Note:** For questions on authenticating a SHIP Counselor refer to Compass MED D - SHIP Counselor Calls For Part D Plans. | | | |
| Anyone else | **Say** Changes to thebeneficiary’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) (061884).  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 | | Refer to [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) (061760). | | |
| Due to Incarceration | | Proceed to [Submitting a Support Task](#_Submitting_an_RM). | | |
| Due to receiving Out of Area letter | | Navigate to the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click the **Last 12 Months of Communications** hyperlink to review the Out of Area letter. Refer to [Compass Med D - Viewing Correspondence and Requesting Reprints](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c) (061763).  Sample OOA letters:   * [MED D - SilverScript OOA Sample Letter – English](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080076) (080076) * [MED D - Blue MedicareRx (NEJE) OOA Sample Letter](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-080075) (080075) | | |
| Any other address | | Proceed to the 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](C:\\Users\\C337799\\Downloads\\TSRC-PROD-029866) (029866). |
| Any other client | | Proceed to [Compass - Transferring Calls to Dedicated and Designated Client Teams](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c87518d-83f5-4884-8631-1f427b77da7d) (062992). | | |

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| Address Changes When RxEnroll Care Is Down |

Changes to the beneficiary’s Mailing or Permanent (Home/Residential) address in Compasswill be performed using the **Member Snapshot Landing Page** (refer to section below).

**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 **Compass** for the beneficiary.

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

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| Address Changes in Member Snapshot Landing Page |

Perform the following steps:

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| **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. | |
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| Submitting a Support Task |

Perform the following:

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| **Step** | **Action** | |
| **1** | From the Medicare D Landing Page, click the **Create Support Task** button. Proceed to the next step.  **Result:** New Support Task: Support Task screen displays.  **Note:** Category is prepopulated to Med D. | |
| **2** | Select **Demographics - Address Change** or **Demographics - OOA** (Out of Area Flag or Letter) from the **Task Type**. | |
| **3** | 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 * Request Type: Mailing Address, Permanent & Mailing or Permanent Address (Beneficiary’s old address prepopulates) * Enter: New Address, New City, New State, New Zip * If OOA, enter Out of Area Reason from the drop down arrow       **Note:** If the beneficiary is moving out of area, follow instructions in [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183). | |
| **4** | Add the following Notes: | |
| **If…** | **Then…** |
| **Address Change – Permanent (Home/Residential) In Area**  Same State and/or region or Different State but same region | **Type:** Demographics – Address Change  **Request Type:** Permanent & Mailing Address  **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 | **Type:** Demographics – Out of Area  **Request Type:** Permanent & Mailing Address  **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** | **Type:** Demographics – Address Change  **Request Type:** Permanent & Mailing  **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** | **Type:** Demographics - Address Change  **Request Type:** Mailing Address  **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. | **Type:** Demographics - Address Change  **Request Type:** MailingAddress  **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 SUPPORT TASK REQUIRED** – Leave the following note in Edit Comment/Close Case:   * 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. | **Type:** Demographics – Out of Area  **Request Type:** Mailing Address  **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** | **Type:** Demographics – Out of Area  **Request Type:** Permanent & Mailing  **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** | **Type:** Demographics - Out of Area  **Request Type:** Permanent & Mailing  **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** | **Type:** Demographic **–** Address Change  **Request Type:** Permanent & Mailing  **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 Special Enrollment Period (SEP) to submit an application. A valid SEP is required for the beneficiary to enroll back into the plan outside of Annual Enrollment Period (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)** | **Type:** Demographics – Out of Area  **Request Type:** Permanent & Mailing  **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. |
| **5** | Copy and paste the notes from the Support task to use to Edit Comment/Close Case. | |

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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** | 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 the 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](https://aetnao365-my.sharepoint.com/personal/janelle_murrell_cvshealth_com/Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-029866) (029866).   Proceed to the 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 the 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 the 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 [Compass - Close an Interaction or Research Case](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) (050011) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) (061758). | | |
| 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** | Close Case. | | | |
| **5** | 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 on**  **Member Snapshot Landing Page**  **(Support Task Required)** | **Update Mailing Address on**  **Member Snapshot Landing Page**  **(Support Task Required)** | **Update Member Snapshot Landing Page (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 [Compass Med D - Email and Phone Number Changes](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5888e5ed-52cf-4716-bd08-ebe95bd10a46) (061922).

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| Resolution Time |

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

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| Related Documents |

Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in 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) (062962).

**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:** [Customer Care Abbreviations, Definitions, and Terms Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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