# Compass MED D - Blue MedicareRx (NEJE) - Enrollee Attestation for Future Enrollment (TRC 127 Attestation)

[High Level Process](#_Toc165985099)

[General Information](#_Toc165985100)

[Process](#_Toc165985101)

[RxEnroll Care Downtime](#_Toc165985102)

[Closing the Call](#_Toc165985103)

[Note Templates](#_Toc165985104)

[Resolution Time](#_Toc165985105)

[Related Documents](#_Toc165985106)

**Description:** This document outlines the process the Blue MedicareRx (NEJE) CCR will follow when receiving a call regarding the beneficiary receiving a TRC 127 letter or a TRC 127 rejection. When a TRC 127 is received from CMS, the MED D plan sponsor sends the prospective enrollee a letter requesting attestation or confirmation of his/her enrollment into a prescription drug plan that is separate from his/her existing employer group, retiree or union group benefits.

|  |  |
| --- | --- |
| High Level Process | |
| 1. [**Confirm**](#Step1) **127 displays in the Transaction Reply field under the MEDICARE D LANDING page, Enrollment Details section in Compass.**  * If yes, proceed to next step. * If no, this is not a TRC127. Handle call accordingly and proceed to appropriate work instructions. | **Notes:**   * NEJE CCRs, follow the process outlined in this document. |
| 1. [**Review**](#Step2) **the Last 12 Months of Communications in the Medicare D Quick Actions panel menu for DCENR or DDMCO letter.**  * If DCENR, proceed to next step. * If DDMCO, a new enrollment application will need to be submitted since the time period to provide attestation or confirm enrollment application has passed. * If neither DCENR nor DDMCO, this is not a TRC127. Handle call accordingly and proceed to appropriate work instructions. | |
| 1. [**Access**](#Step3) **RxEnroll Care in the Medicare D Quick Actions panel menuto complete TRC 127 attestation.** | **Note:** In the event RxEnroll Care is down or unavailable, refer to [RxEnroll Care Downtime](#_RxEnroll_Care_Downtime). |
| 1. [**Close**](#Step6) **the call.** | |

[Top of the Document](#_top)

|  |
| --- |
| General Information |

Employer, Retiree and Union Group plans make decisions annually regarding benefit coverage that is provided to their employees. This benefit coverage may include a variety of options, such as medical, prescription, dental, vision, etc.

When an employee becomes Medicare eligible, the Employer, Retiree or Union Group may make one of three decisions:

* Continue to provide benefits
* Drop all benefits
* Offer certain benefits if the employee selects a **specific** Medicare plan sponsor

When an enrollment request is submitted by a Medicare plan sponsor, a Beneficiary Eligibility Query (BEQ) is performed by the Centers for Medicare and Medicaid Services (CMS). If it is determined that there is Employer, Retiree or Union coverage that coincides with the enrollment, this will result in a Transaction Reply Code (TRC) 127 rejection sent from CMS back to the plan sponsor.

**Note:** In the cases of the employer group, retiree plan or union group dropping all benefits,

* Medicare may not have received information from the health plan, advising the beneficiary’s employer group, retiree plan or union group coverage is ending.
* Medicare-eligible beneficiaries must enroll into a creditable prescription drug plan to avoid incurring a late enrollment penalty.

 When a prospective enrollee chooses a prescription drug plan outside of his/her existing employer group, retiree or union group benefits, he/she will lose any associated benefits (**Example:** Medical, dental, vision, etc.). This would also apply to anyone else covered under the same Plan.

Blue MedicareRx (NEJE) depends on the state they reside in:

* MA: 1-866-832-9775
* CT: 1-866-832-9702
* RI: 1-888-496-4174
* VT: 1-888-496-4178

[Top of the Document](#_top)

|  |
| --- |
| Process |

Perform the following steps:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | |
| **1** | From the **Medicare D Landing Page** on the **Eligibility & Plan** tab, review the **Enrollment Details** section to confirm **127** displays in the **Transaction Reply** field.    [Return to High Level Process](#_High_Level_Process) | | | | |
| **If…** | **Then…** | | | |
| Yes, 127 is displayed | Proceed to the next step. | | | |
| No | This is not a TRC 127 situation. Handle call accordingly and proceed to appropriate work instruction.  **Note:** If the beneficiary is not in Compass, it is not a TRC 127 attestation. | | | |
| **2** | Click the **Last 12 months of Medicare D Communications** hyperlink located in the **Medicare D Quick Actions** panel on the **Medicare D Landing** page to review recent letters sent to the beneficiary.    **Result:** ONEclick screen displays.  [Return to High Level Process](#_High_Level_Process) | | | | |
| **If...** | | **Then...** | | |
| DCENR letter is found | | Proceed to Step 3. | | |
| DDMCO letter is found | | * Thank you for contacting Customer Care regarding your recently submitted enrollment application. * The time period provided to attest or confirm your enrollment application has passed. * At this time, you will need to submit a new application. * Can I ask if you used an agent to submit your previous application? | | |
| **If...** | **Then...** | |
| Yes | * Contact your agent to complete another application as soon as possible. * Please be sure to call back in about a week after the new enrollment has been submitted by the agent to attest that you do want this plan to ensure your enrollment is completed successfully.   **Note:** The CCR is referring the beneficiary back to their agent in order to ensure the agent is able to retain their commission for the enrollment application.   * If the enrollment application is taken by the CCR, the Enrollment Team will need to work with the agent after the enrollment is complete in order to ensure the commission is transferred properly. | |
| No | I can submit another application for enrollment for you. Please call us back next week to provide the necessary attestation to ensure your enrollment is completed successfully. | |
| Neither DCENR nor DDMCO is found | | This is not a TRC 127 situation. Handle call accordingly and proceed to appropriate work instruction.  Locate letter in **Last 12 Months of Communications**,located in the **Medicare D Quick Actions** panelin Compass.Handle call accordingly.  If there is no history of the enrollment, **DO NOT**refer the beneficiary to Medicare. | | |
| **3** | From the **Medicare D Quick Actions** panel on the **Medicare D Landing** page,click on the **RxEnroll Care** hyperlink.  **Note:** If there are additional tasks listed under **Action Areas** complete each Action using [MED D - Blue MedicareRx (NEJE) Commonly Used Work Instructions Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a9e33532-4e59-4ee2-9988-88ea7616f8c7).    **Result:** The RxEnroll Care landing page displays.    [Return to High Level Process](#_High_Level_Process) | | | | |
| **If...** | | | | **Then...** |
| The beneficiary has a pending TRC 127 | | | | Select **TRC 127** under Action Areas. |
| If the beneficiary is calling about receiving a TRC 127 Letter or an Employer Subsidy Waiver Letter | | | | Select **ENROLLMENT CHANGES** under the Menu on the left side of the screen and click **TRC 127**. |
| **4** | Read the scripting in the RxEnroll Care application to the beneficiary.    [Return to High Level Process](#_High_Level_Process) | | | | |
| **If...** | **Then...** | | | |
| Yes | * Select **Continue Enrollment**. * Follow the prompt provided in the RxEnroll Care application. * Enter the following Comments in the pop-up box: Beneficiary accepts enrollment. * Click the **Submit** button to process the beneficiary’s request.   **Note:** Copy and Paste comments into the **Edit Comment** button in Compass.  DO NOT include PHI in comments entered using the **Edit Comment** button. PHI should only be included in Medicare D Alerts, if needed. | | | |
| No | * Select **Decline Enrollment**. * Follow the prompt provided in the RxEnroll Care application. * Enter the following Comments in the pop up box: Beneficiary declines enrollment. * Click the **Submit** button to process the beneficiary’s request.   **Note:** Copy and Paste comments into the **Edit Comment** button in Compass.  DO NOT include PHI in comments entered using the **Edit Comment** button. PHI should only be included in Medicare D Alerts, if needed. | | | |
| **5** | Proceed to [Closing the Call](#_Log_Activity).  [Return to High Level Process](#_High_Level_Process) | | | | |

[Top of the Document](#_top)

|  |
| --- |
| RxEnroll Care Downtime |

Perform the following steps:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | From the **Medicare D Landing Page**,on the **Eligibility & Plan** tab, review the **Enrollment Details** section to confirm **127** displays in the **Transaction Reply** field. | | | |
| **2** | From the **Medicare D Landing Page**, navigate to the **Medicare D Quick Actions** panel, click on the **Last 12 Months of Communications** hyperlink to locate the TRC notification letter sent to the beneficiary. Letter code is DCENR.    **Result:** ONEclick screen will display. | | | |
| **If...** | | **Then...** | |
| DCENR letter is found | | Proceed to Step 3.  **Note:** Click here to view the [MED D - TRC127 letter sample Y0080\_52303\_ENR](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/CMS-PRD1-087571). | |
| DDMCO letter is found | | * Thank you for contacting Customer Care regarding your recently submitted enrollment application. * The time period provided to attest or confirm your enrollment application has passed. * At this time, you will need to submit a new application. * Can I ask if you used an agent to submit your previous application? | |
| **If...** | **Then...** |
| Yes | * Contact your agent to complete another application as soon as possible. * Please be sure to call back in about a week after the new enrollment has been submitted by the agent to attest that you do want this plan to ensure your enrollment is completed successfully.   **Note:** The CCR is referring the beneficiary back to their agent in order to ensure the agent is able to retain their commission for the enrollment application.   * If the enrollment application is taken by the CCR, the Enrollment Team will need to work with the agent after the enrollment is complete in order to ensure the commission is transferred properly. |
| No | I can submit another application for enrollment for you. Please call us back next week to provide the necessary attestation to ensure your enrollment is completed successfully. |
| Neither DCENR nor DDMCO is found | | This is not a TRC 127 situation.  Locate letter in **Last 12 Months of Communications** hyperlink on the **Medicare D Quick Actions** panel in Compass. Handle call accordingly and refer to [MED D - Blue MedicareRx (NEJE) Commonly Used Work Instructions Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a9e33532-4e59-4ee2-9988-88ea7616f8c7).  If there is no history of the enrollment, **DO NOT**refer the beneficiary to Medicare.  Proceed to [Closing the Call](#_Log_Activity). | |
| **3** | * In processing your recently submitted enrollment application, we have received a response from Medicare advising that you may have other prescription drug coverage with an employer group, retiree plan or a union group. * These health plan sponsors often provide multiple types of benefits (**Example:** Medical, dental, prescription drug, vision, etc.) as part of the entire benefits package. * If you are a part of an employer group, retiree plan or a union group, you and anyone else covered under your Plan may lose your additional benefits if you continue your enrollment with <Blue MedicareRx (NEJE)>. * Would you like to continue with your enrollment? | | | |
| **If...** | **Then...** | | |
| Yes | Proceed to next step. | | |
| No | By choosing to decline your enrollment, you will not be a part of the <Blue MedicareRx (NEJE)> prescription drug plan.  Proceed to [Closing the Call](#_Log_Activity). | | |
| **4** | Submit the following **Support Task** in Compass:  Click **Create Support Task** button.  **Task Type:** Enrollment - TRC 127  Complete all required fields marked with an (\*).  **Notes:**  The CCR **MUST**include the following pieces of information:   * <Caller’s Name> contacted Customer Care < (if not the beneficiary, provide Legal Rep or POA (full name, address and phone number, and relationship to the beneficiary) on behalf of the beneficiary> before deadline of <insert deadline date here> and he/she intends to enroll into the requested <Blue MedicareRx (NEJE)> plan. The beneficiary understands the consequences of continuing his/her enrollment into <Blue MedicareRx (NEJE)>. * (If applicable) The beneficiary’s employer group, retiree plan or union group is discontinuing his/her prescription drug coverage.   Refer to [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a). | | | |
| **5** | Copy and paste the note from the Support Task into **Edit Comment** button. | | | |
| **6** | Proceed to [Closing the Call](#_Closing_the_Call). | | | |

[Top of the Document](#_top)

|  |
| --- |
| Closing the Call |

Perform the following:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | * 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 | * Address any benefit issues. * Click the **Close Case** button and document the call according to existing policies and procedures, including all options discussed. Refer to the [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)work instruction and [Compass Med D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0). |
| 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. |
| **3** | If needed, transfer the beneficiary to the appropriate department as needed. (Licensed Enrollment Agent, Premium Billing, Senior Team, etc.) | |

[Top of the Document](#_top)

|  |
| --- |
| Note Templates |

Use the chart below:

|  |  |
| --- | --- |
| **Scenario** | **Note Template** |
| **Continue with Enrollment** | * <Caller’s Name> contacted Customer Care < (if not the beneficiary, provide Legal Rep or POA (full name, address and phone number, and relationship to the beneficiary) on behalf of the beneficiary> before deadline of <insert deadline date here> and he/she intends to enroll into the requested <Blue MedicareRx (NEJE)> plan. The beneficiary understands the consequences of continuing his/her enrollment into <Blue MedicareRx (NEJE)>. * (If applicable) The beneficiary’s employer group, retiree plan or union group is discontinuing his/her prescription drug coverage. |
| **Cancel Enrollment** | * <Caller’s Name> contacted Customer Care < (if not the beneficiary, provide Legal Rep or POA (full name, address and phone number, and relationship to the beneficiary) on behalf of the beneficiary> before deadline of <insert deadline date here> and he/she intends to cancel the requested <Blue MedicareRx (NEJE)> enrollment. |
| **Past the 30 day deadline** | * <Caller’s Name> contacted Customer Care < (if not the beneficiary, provide Legal Rep or POA (full name, address and phone number, and relationship to the beneficiary) on behalf of the beneficiary> before deadline of <insert deadline date here> and he/she intends to enroll into the requested <Blue MedicareRx (NEJE)> enrollment. * Beneficiary contacted the plan after the 30 day timeline and the enrollment has been denied. * Submitted new enrollment. |

[Top of the Document](#_top)

|  |
| --- |
| Resolution Time |

4 business days

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances in PeopleSafe for Health Plans, JE (formerly MHK Fusion)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=731c1bac-3039-46da-85e1-0e49a8c9721d)

**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](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/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**