# MED D - Blue MedicareRx (NEJE) Inbound Redetermination (Loss of Deemed Status)

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**Description:**Guidance on addressing Redetermination letters the beneficiary is receiving for the 2025 Benefit Year.

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| Overview |

The Low Income Subsidy (LIS) (also known as **Extra Help**) provides people with Medicare, who have limited income and resources, help in paying their Medicare prescription drug plan costs (plan monthly premiums, co-payments/co-insurance and the annual deductible).

Certain groups of Medicare beneficiaries automatically qualify (are deemed eligible) for LIS (Extra Help) status, including:

* Full-benefit dual eligible individuals (those eligible for Medicare and Medicaid)
* Partial dual eligible individuals (those who belong to a Medicare Savings Program)
* Individuals who receive Supplemental Security Income (SSI) benefits, but not Medicaid

Other individuals with limited incomes and resources who do not automatically qualify for Extra Help can apply and have their eligibility determined by either the Social Security Administration (SSA) or their State Medicaid Agency.

The Centers for Medicare and Medicaid Services (CMS) sends a **grey** letter (the color of the letter is actually **grey***)* to all beneficiaries who no longer **automatically** qualify for Extra Help with an application for Extra Help to complete and return in an enclosed pre-paid envelope.

MED D Blue MedicareRx (NEJE) also sends a letter (equivalent to the CMS Grey letter) advising of the same loss of deemed status.

* [MED D Blue MedicareRx (NEJE) - Loss of Deemed lttr Sample S2893\_1737\_NEJE](../AppData/Local/Microsoft/Windows/AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-078833)

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| Process Care - Notification of Preliminary Loss of LIS (Extra Help) - September/October |

When receiving an **inbound call** from a beneficiary regarding a loss of deemed status and questions about Blue MedicareRx (NEJE) plans, the CCR will:

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| **Step** | **Action** | | | |
| **1** | Authenticate the caller.  Refer to the following documents in **theSource:**   * **PeopleSafe process:** [Caller Authentication](http://CMS-2-004568) * **Compass process:** [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) | | | |
| **2** | * You recently received a letter from Blue MedicareRx telling you that you will **not** automatically qualify for Extra Help in the upcoming plan year. * It is important that you reapply for Extra Help as soon as possible with the Social Security Administration. * Have you already completed and mailed an application for Extra Help? | | | |
| **If…** | | | **Then…** |
| Yes | | | Thank you for your membership in <plan name>.  **Proceed to Step 4.** |
| No | | | * The easiest way to apply is by filling out and mailing the application that was included in your grey letter from Medicare. * You can also fill out the online application at <http://www.socialsecurity.gov/medicare/prescriptionhelp>. * To get another copy of the application by mail, or to apply by phone, call Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m. Local Time, Monday through Friday.** * TTY users should call **1-800-325-0778**. * In addition, we can help you fill out the form.   **Proceed to the next step.** |
| **3** | Would you like to apply? | | | |
| **If…** | **Then…** | | |
| Yes | Are you interested in having help by telephone to complete the application? | | |
| **If…** | **Then…** | |
| Yes | **CCR Process Note:** Assist the beneficiary over the phone in filling out the form.   * Refer to <https://www.ssa.gov/medicare/part-d-extra-help>. | |
| No | * Again, there is no cost or obligation to apply. * We just wanted to encourage you to apply as soon as possible. * You can also fill out the online application at <http://www.socialsecurity.gov/medicare/prescriptionhelp>.   **Proceed to the next step.** | |
| **4** | Ask if there are any other benefit questions.  Address any questions from the beneficiary using the following document in **theSource**: [MED D - Blue MedicareRx (NEJE) 2025 AEP Readiness.](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f60711f5-97b8-491f-a9e0-1e73b5ca03fc) | | | |
| **If…** | **Then…** | | |
| Yes | * Address any additional questions. * Document and close the call according to current policies and procedures. Refer to the appropriate documents in **theSource**:   + **PeopleSafe process:** MED D - Call Documentation   Log Activity: 701 = Eligibility Verification; 1003 = Plan Design Education   * + **Compass process:** [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) | | |
| No | Document and close the call according to current policies and procedures. Refer to the appropriate documents in **theSource**:   * **PeopleSafe process:** MED D - Call Documentation   Log Activity: 701 = Eligibility Verification; 1003 = Plan Design Education   * **Compass process:** [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) | | |

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| Process Care - Annual Loss of LIS (Extra Help) - December/January |

The plan sends the following letter to those beneficiaries identified on the final Loss of Subsidy file received from CMS in December as losing LIS (Extra Help) for the upcoming plan year:

* [MED D - Blue MedicareRx (NEJE) Loss of LIS Final Notice S2893\_1672](../AppData/Local/Microsoft/Windows/AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-093274)

**Note:** Beneficiaries may also lose their LIS (Extra Help) at any point during the current plan year and would receive the above letter as a notification of their loss of LIS (Extra Help).

Beneficiaries are encouraged to contact the Social Security Administration to determine if they are eligible to apply for Extra Help.

Determine if the beneficiary received a letter stating they no longer automatically qualify for Extra Help in the upcoming plan year. The beneficiary may have questions about how to reapply for Extra Help for the next plan year or need assistance with completing the Extra Help application.

If so, the CCR will:

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| **Step** | **Action** | |
| **1** | Authenticate the caller.  Refer to the following documents in **theSource:**   * **PeopleSafe process:** Caller Authentication * **Compass process:** [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) | |
| **2** | * The letter you received explains that you will lose Extra Help in next plan year. * You will continue to be a member of Blue MedicareRx. * The letter includes premiums and cost sharing for the plan year. * If you have not recently applied for Extra Help, you may still qualify for Extra Help and you can contact SSA to find out. * You may also contact the State Medical Assistance office or Medicare to get information on other programs to help pay for prescription drugs. * Have you recently applied for Extra Help with SSA? | |
| **If…** | **Then…** |
| Yes | If you have applied for Extra Help with SSA within the last month, you will receive a notification from SSA and /or Blue MedicareRx telling you whether you qualify for Extra Help.  **Proceed to Step 4.** |
| No | * We want to encourage you to find out if you still qualify for Extra Help by contacting Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m. Local Time, Monday through Friday.**    + **TTY users should call 1-800-325-0778.** * You may also contact the State Medical Assistance office or Medicare to get information on other programs to help pay for prescription drugs.   **Proceed to the next step.** |
| **3** | Do you have any questions about premiums or cost sharing information explained in the letter?  **CCR Process Note:** To answer questions regarding 2025 premiums, refer to [MED D - Blue MedicareRx (NEJE) 2025 AEP Readiness](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f60711f5-97b8-491f-a9e0-1e73b5ca03fc).  **Proceed to the next step.** | |
| **4** | As a quality measure, have I fully explained the changes to your Extra Help to your satisfaction? | |
| **If the beneficiary indicates he/she is…** | **Then…** |
| **Satisfied** | * Thank you for considering an application for Extra Help. * <Plan name> values your membership. * If you have any questions, please call the plan toll-free at:   + **BCBS of CT: 1-888-620-1747, 24 hours a day, 7 days a week**     - **TTY/TDD users should call 711**   + **BCBS of MA: 1-888-543-4917, 24 hours a day, 7 days a week**     - **TTY/TDD users should call 711**   + **BCBS of RI: 1-888-620-1748, 24 hours a day, 7 days a week**     - **TTY/TDD users should call 711**   + **BCBS of VT: 1-888-620-1746, 24 hours a day, 7 days a week**     - **TTY/TDD users should call 711>**   Document and close the call according to current policies and procedures. Refer to the appropriate documents in **theSource**:   * **PeopleSafe process:** [MED D - Call Documentation](../AppData/Local/Microsoft/Windows/AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-067665)   Log Activity: 701 = Eligibility Verification; 1003 = Plan Design Education   * **Compass process:** [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) |
| **NOT satisfied** | * Ask additional probing questions to attempt to resolve remaining questions or concerns.   + **WARM** transfer the call to a Supervisor if the beneficiary’s concerns cannot be resolved. * Document and close the call according to current policies and procedures. Refer to the appropriate documents in **theSource**:   + **PeopleSafe process:** [MED D - Call Documentation](../AppData/Local/Microsoft/Windows/AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-067665)   Log Activity: 701 = Eligibility Verification; 1003 = Plan Design Education   * + **Compass process:** [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) |

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| Resolution Time |

Information = Immediate

LIS (Extra Help) processing by Social Security will vary

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| FAQs |

The following FAQs will assist the CCR in addressing questions regarding the Loss of Deemed Status letter:

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| **Question** | **Answer** |
| **Why did I receive this letter?** | Confirm the beneficiary has received the grey letter from Medicare/CMS or the letter from Blue MedicareRx advising of the beneficiary’s loss of deemed status.     * You received this letter to remind you that in the upcoming plan year, you will no longer automatically qualify for Extra Help from Medicare. * We also want you to know that you may still qualify for Extra Help in the upcoming plan year, but you will need to submit a new application to apply for the assistance. * Blue MedicareRx wants you to be well-informed about your plan and the resources that may still be available to you to help pay for your prescription drug costs. |
| **If I no longer automatically qualify, how do I apply for Extra Help?** | Confirm that beneficiary has not already applied for Extra Help.     * You may apply for Extra Help using one of these options:  1. Fill out and mail the application that is included in your grey letter from Medicare. 2. Fill out the online application at <https://www.ssa.gov/medicare/part-d-extra-help>on the Internet. 3. Receive and complete another copy of the application by mail.    * Call Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m. Local Time, Monday through Friday**. TTY users should call **1-800-325-0778**  * If you would like to have live assistance completing the application by phone today, I would be happy to help you. * If you need assistance at a later time, please call MED D Customer Care toll-free at:   + **BCBS of CT: 1-888-620-1747,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of MA: 1-888-543-4917,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of RI: 1-888-620-1748,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of VT: 1-888-620-1746,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711> |
| **What is Extra Help?** | * Extra Help is financial assistance from Medicare. * It helps eligible beneficiaries pay for their Medicare prescription drug plan monthly premiums, annual deductibles, and prescription co-payments/co-insurance. |
| **How long does the Extra Help application process take?** | * It will take only a few minutes to complete the Extra Help application form. * Once you have completed and submitted your Extra Help application,it will take about 4-6 weeks to receive an answer from the Social Security Administration—the federal agency that administers the Extra Help program for Medicare. |
| **What will happen if I don’t apply for Extra Help?** | * If you choose not to submit an application for Extra Help, you will still keep your Blue MedicareRx coverage. * You may also have co-pays or co-insurance amounts for covered prescription drugs that will be your responsibility to pay as well as monthly premiums and deductibles. |
| What plans are available through Blue MedicareRx (NEJE)? | * The two **Blue MedicareRx** prescription drug plans available are:   + Value Plus   + Premier * You are currently enrolled in <plan name>. |
| Tell me about my Blue MedicareRx (NEJE) plan. | * You are currently enrolled in <plan name>. * The <plan name> offers <$XX.XX> co-paysfor a 30-day supply of all Tier 1 drugs during the Initial Coverage Stageand <$XX.XX> co-paysfor a 90-day supply from mail service or retail pharmacies during the Initial Coverage Stage. * Your plan premium is <$XX.XX> for 2025. * Your plan has an annual deductible of <$XX.XX>.   CCR Process Note:   * For co-pay information, the CCR should refer to [MED D - Blue MedicareRx (NEJE) 2025 AEP Readiness](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f60711f5-97b8-491f-a9e0-1e73b5ca03fc) * Value Plus <$49.60> - Deductible <$590> * Premier <$190.80> - No Deductible   CCR Process Note: After 10/1/24, for 2025 specific medication pricing, utilize the Drug and Pricing Tools hyperlink on the Blue MedicareRx Website at <http://rxmedicareplans.com/choose-state.aspx?from=/Default.aspx>. |
| **What do I have to do before <January 1, 2025> to maintain my Blue MedicareRx (NEJE)** **coverage?** | * You don’t have to do anything. * You will continue to be enrolled in the same Blue MedicareRx (NEJE) Medicare prescription drug plan beginning <January 1, 2025>. |
| **Who do I call for more information about my Blue MedicareRx (NEJE)** **coverage?** | * If you have any questions, please call the plan toll-free at:   + **BCBS of CT: 1-888-620-1747,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of MA: 1-888-543-4917,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of RI: 1-888-620-1748,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711   + **BCBS of VT: 1-888-620-1746,** 24 hours a day, 7 days a week     - TTY/TDD users should call 711> |
| **Can I receive this information in large print or another language?** | * Yes, if you need this information in another format or language, please call MED D Customer Care toll free at:   + **MA: 888-543-4917**   + **CT: 888-620-1747**   + **VT: 888-620-1746**   + **RI: 888-620-1748**      - TTY users call <**711**> |

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| Related Documents |

[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](../../C337799/Documents/MED%20D/Enrollment/Projects/Annual%20Redetermination%20Loss%20of%20LIS/CMS-2-017428)

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