**MED D - CVS/Caremark** **FEP MPDP Voluntary Disenrollment Process**

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**Description:** This document provides information on the FEP MPDP Voluntary Disenrollment Process.

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| General Information |

Voluntary disenrollment is initiated by the beneficiary after the beneficiary is effective in their plan.

* Once the beneficiary’s plan is effective, they will need to voluntary disenroll from the plan (opt-out would take place prior to the plan being effective).
* The FEP MPDP enrollment team is **not** able to disenroll beneficiaries over the phone.

Disenrollment requests must be submitted in writing.

* A disenrollment form can be obtained from: <https://www.fepblue.org/medicarerx>
* Disenrollment occurs on the last day of the month the written request is received.

When can a beneficiary disenroll?

* FEP members have a continuous Special Election Period (SEP) that can be used at any time for the beneficiary to disenroll from the FEP MPDP plan.

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| Call Handling |

Follow the steps below:

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| **Step** | **Action** | | |
| **1** | Advise the caller:  Disenrollment requests must be submitted in writing. I can provide the information that needs to be included in the written notice if you would like to disenroll. A disenrollment form can also be obtained from <https://www.fepblue.org/medicarerx>. | | |
| **2** | Provide the following information required for the disenrollment written request: | | |
| **If…** | | **Then…** |
| Legal Representative Submission for disenrollment | | * Beneficiary first and last name * Beneficiary ID number * Legal representative signature * Date of written request * Reason for disenrollment * Relationship to enrollee * Legal representative contact information including address * Attestation that they have the authority under state law to make the disenrollment request * Proof of authority under state law (i.e., copy of court-appointed legal guardianship, Power of Attorney/POA, or other legal documentation), if not already listed under POA/Responsible Party. |
| All other callers | | * Beneficiary first name, last name, and middle initial * Beneficiary MPDP ID number * Beneficiary Date of Birth * Beneficiary Signature * Date of written request * Reason for disenrollment |
| **3** | Advise the caller:     * You can disenroll at any time by submitting your request in writing to:   **FEP Medicare Prescription Drug Program Enrollment**  PO Box 3539  Scranton, PA 18505   * As long as the disenrollment request is received by the end of the month, the disenrollment will be effective the first of the following month. Disenrollments are finalized once confirmed by Medicare. * Would you like the fax number to submit your written disenrollment request?   + Fax number for written request submission: **1-855-865-1817**. | | |
| **4** | Advise the caller of turnaround time:     * The disenrollment process turnaround time expectation is for it to take 2-3 weeks from the time the request is submitted. * Due to the request being submitted in writing, we will not be able to check the status of the request until notification is sent from FEP to the beneficiary. * CMS (Center for Medicaid and Medicare Service) must approve the request for disenrollment. * Once the enrollment team receives approval from CMS, a [disenrollment confirmation letter](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d18a5c81-37c6-424b-b722-dfb8381bbef2) will be sent. * You will receive a letter confirming your request to disenroll in the plan within 15 business days upon receipt of your written request. * Once you have been disenrolled, you will be automatically enrolled back into the traditional FEP Commercial pharmacy benefit, effective the 1st of the following month. | | |
| **5** | Did you have any questions on the information I have provided you today? | | |
| **If…** | **Then…** | |
| Yes | * For questions related to enrollment changes or status outside of the information provided above, use the following process:   + Warm transfer any calls related to FEP MPDP Enrollment changes or status use the speed dial pull down and select the Speed code **354**, which will transfer the call to the enrollment vendor.   + If there are any issues with the speed code, dial **1-833-968-0606** (**Internal Number Only**. Do not give to callers). * For future use, provide the FEP MPDP number, **1-888-338-7737** and advise that they can select the enrollment option, as needed.   + Enrollment vendor hours are **8am - 6pm, Monday-Friday EST**   + **After hours process:** The Afterhours enrollment team has voicemail available. Voicemails are returned within 1 business day. | |
| No | Document and close the call. Refer to [MED D Call Documentation.](file:///C:\Users\Z101891\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GDCCO52O\CMS-PRD1-067665) | |

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