# Compass - CCR - Identifying and Handling Medicare Part B Calls

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**Description:** This document details the steps to help a Customer Care Representative (CCR) identify Medicare Part B benefits and when to transfer calls to the Medicare Part B team, when appropriate.

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| General Information |

Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

**Notes:**

* The Medicare B team is part of the PBM and not CMS/1-800-MEDICARE (1-800-633-4227). Questions related to the ‘red/white/blue’ card or durable medical equipment should be referred to CMS.
* Customer Care Representatives cannot file Medicare Part B grievances on behalf of beneficiaries. To file a grievance, the beneficiary must contact 1-800-MEDICARE (1-800-633-4227). For Commercial beneficiaries, to file a complaint, submit the appropriate Support Task.
* All Med-B Conflicts with a PSC conflict **MUST** be called on to the beneficiary/patient to identify exact/estimated amount of medication on hand.

Refer to the following work instruction for the appropriate guidelines: [Approved Referral Guidelines to Medicare and Social Security](C:\\Users\\C337799\\Downloads\\CMS-2-026165).

* Low Income Cost Share (LICS) does **NOT** apply to Medicare B.
* To determine Medicare Part B Eligibility, a test claim must be run. Compass does **NOT** display Medicare Part B information under the **Mail Rx** tab.

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| Identifying Medicare B Eligible Beneficiaries |

Follow these steps in **Compass** and the CIF to help CCRs identify Medicare B eligible beneficiaries.

The CIF will indicate if the plan is an MAPD Plan. Refer to the following sections in the CIF for MAPD information:

* Client name description
* Need to Know
* Plan Design Highlights

**Note:** If the client is an MAPD plan, calls should NOT be transferred to the Medicare Part B team, as these claims are processed through the plan and not separately by Medicare B.



Verifying Medicare Part B Eligibility information in **Compass**:

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| **Step** | **Action** |
| **1** | Run a **Test Claim**, refer to [Compass - Test Claims](C:\\Users\\C337799\\Downloads\\TSRC-PROD-050041).   * If the claim shows **Accepted**, assist the beneficiary as normal. * If the claim **Rejected**, proceed to the next step. |
| **2** | Click the **Reject #** hyperlink in the **Mail Messages** column to determine the rejection for the test claim.    **Result:** If the claim rejects for Medicare Part B, determine if the medication falls under Medicare Part B by referring to the [Medicare B Medication List](C:\\Users\\C337799\\Downloads\\TSRC-PROD-011153).   * Once verified that the medication is on the Medicare B Medication list, contact the Medicare Part B team at 1-866-804-5880. * Proceed to viewing any applicable Medicare Part B information regarding the prescription from the **Messaging for DRUG NAME** screen.     **Note:** For all other Rejections, assist the caller according to the CIF. |

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| Handling a Medicare B Call |

When addressing a Medicare Part B call, the CCR will:

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| **Step** | **Action** | | | |
| **1** | Ask probing questions to determine if the beneficiary is eligible for Medicare Part B **and** is calling about a Medicare Part B issue.   * Refer to the [Identifying Medicare B Beneficiaries](#_Identifying_Medicare_B) section of this document to assist with this process. | | | |
| **If the beneficiary is…** | | **Then…** | |
| **NOT** Medicare Part B eligible | | Handle the call as normal.   * The call should **NOT** be transferred to the Medicare Part B team. | |
| **NOT** Medicare Part B eligible, but the beneficiary’s account was flagged in error | | Contact the Medicare Part B team at 1-866-804-5880 to have the flag removed. | |
| Asking specifically about Medicare Part B eligibility or drug coverage | | Proceed to the next step. | |
| Medicare Part B eligible, and is asking about drug coverage | | Determine if the drug in question is covered under Medicare B by running a test claim.   * See the [Identifying Medicare B Eligible Beneficiaries](#_Identifying_Medicare_B) section information above. | |
| **If…** | **Then…** |
| The test claim results indicate it is a Medicare Part B drug | Proceed to the next step. |
| The test claim results do not mention Medicare Part B | Handle the call as normal, following the client’s plan guidelines.  Skip to [Step 3](#HandlingMedBCall_Step3). |
| Inquiring about a Medicare Part B covered medication. Refer to [Medicare B Medication List](C:\\Users\\C337799\\Downloads\\TSRC-PROD-011153). | | Proceed to the next step.  **Note:** If the medication is not listed, handle the call as normal. The call should **NOT** be transferred to the Medicare B Team. | |
| Inquiring why a prescription did not process under Medicare Part B | | Advise the beneficiary:   * The diagnosis code provided by their prescriber is an ineligible code that is not a covered diagnosis for Medicare Part B. * Beneficiary can contact their prescriber and advise the diagnosis code is incorrect or may fill their prescription at a retail pharmacy.   The order will attempt to process under the beneficiary’s commercial plan.  Place the following note in both the Notepad and Comments: MDB, <patient name>, <drug name>, dx <code>, ineligible dx x mdb faxback. Med B process complete, submit through Commercial Plan, Ou #<XXXXXXXXXX>/Rx # <XXXXXXXX>. | |
| Wanting to OPT out/in of Medicare Part B  **Note:** EGWP and certain other clients may not have the flag turned on. | | Document the beneficiary has chosen to OPT out/in of Medicare Part B. | |
| Asking about receiving only a 30 day supply, when their prescriber wrote for a larger quantity | | Advise the beneficiary according to Medicare Part B guidelines only a 30 day supply is allowed.   * The call should **NOT** be transferred to the Medicare Part B team. | |
| Asking about diabetic testing supplies under Medicare Part B | | Advise the beneficiary, the PBM was not selected by Medicare to supply diabetic testing supplies. The beneficiary can contact their state SHIP counselor to locate a DME/mail order provider for diabetic testing supplies. | |
| **2** | * Warm transfer the call to the Medicare Part B team at 1-866-804-5880. * Document and close the call according to current policies and procedures.   + Refer to the [Compass - Call Documentation](C:\\Users\\C337799\\Downloads\\TSRC-PROD-050011) work instruction.   **Note:** All Med-B Conflicts with a PSC conflict, **MUST** be called on to the beneficiary/patient to identify exact/estimated amount of medication on hand  **Primary Interaction Reason**  Eligibility  **Primary Interaction Reason Detail**  Check Eligibility | | | |
| **3** | Ask if there are any other benefit questions. | | | |
| **If…** | **Then…** | | |
| Yes | * Address any benefit issues. * Document and close the call according to current policies and procedures.   + **Primary Interaction Reason:**  Eligibility   + **Primary Interaction Reason Detail:** Check Eligibility   + Refer to the [Compass - Call Documentation](C:\\Users\\C337799\\Downloads\\TSRC-PROD-050011) work instruction for additional information. | | |
| No | Document and close the call according to current policies and procedures.   * **Primary Interaction Reason:** Eligibility * **Primary Interaction Reason Detail:** Check Eligibility * Refer to the [Compass - Call Documentation](C:\\Users\\C337799\\Downloads\\TSRC-PROD-050011) work instruction for additional information. | | |

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| Related Documents |

**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](C:\\Users\\C337799\\Downloads\\CMS-2-017428)

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