# Compass - MED D - Mistaken Disenrollment

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**Description:** This document outlines the process the CCR will follow when a beneficiary calls to state that they have been involuntarily disenrolled in error.

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| General Information |

**Call Handling:**

* SilverScript CCRs (x9110) - Follow the process below.
* For all other clients - refer to [Compass - Transferring Calls to Dedicated and Designated Client Teams](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c87518d-83f5-4884-8631-1f427b77da7d).

A beneficiary may be disenrolled in error due to an internal customer service error (failure to follow work instructions or correct processes) and/or incorrect information received by CMS. However, if a beneficiary **says** **that they were disenrolled in error** - this does **NOT** always mean that an error occurred. The CCR is responsible for researching the issue and determining if there is evidence of plan error.

*  **Note:**Refer to [Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4) if the **Disenrollment Reason** found in the **Enrollment Details** section of the **Eligibility & Plan** tab (available from the Medicare D Landing Page) shows one of the following**:**
* INVOLUNT DISENROLL NO PAY PREM
* NON NEJE INV TERM

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| Process |

The CCR will follow the steps below:

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| **Step** | **Action** | | | |
| **1** | This process continues from [Compass MED D SilverScript - Cancellation of Enrollment/Voluntary Disenrollment Flow](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=55abec4d-138e-44d4-be33-3764600effe1) in the **Disenrollment Guided Flow** section. Refer to that document to begin the Guided Flow. | | | |
| **2** | When selecting **Cancellation**, the system will review the current line of Eligibility and determine if the Cancellation of Enrollment process is the correct flow to follow.  For other Disenrollment reasons not related to this process, refer to [Compass - MED D - Compass Disenrollment Reasons Guide.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5bc27b0-d7ed-4a3a-93cd-2c876245c728) | | | |
| **3** | Review the beneficiary’s **Part D** eligibility in Marx.  **Note:** Contact the Med D Senior Team (SRT) for assistance with**:**   * Reviewing MARx Part D eligibility; and/or * Opening Access to Care if necessary (**3 days or less of medication**)   Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) and [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0). | | | |
| **If …** | **Then…** | | |
| Termedin MARx | Select Termed in MARx radio button.    How many days’ supply of medication do you have on hand?   * If you believe that Medicare may have incorrect information, you must contact the Social Security Administration (SSA) to discuss your records. Please request reinstatement of your Medicare Eligibility due to this error. * The SSA can be reached toll-free at <1-800-772-1213>, 8 a.m. to 7 p.m. Local Time Monday through Friday.   + For TTY users, call toll-free at 1-800-325-0778. | | |
| **If the beneficiary has…** | | **Then…** |
| More than 3-day supply of medication | | Select the **3 days or more** radio button.       * Once we receive new information with reinstatement of your eligibility, your enrollment will be restored, and we will send you a letter notifying you of the reinstatement. * If this does not occur within 5-7 business days, please contact us to confirm your reinstatement. * Please be aware that this time period may be longer during the Annual Enrollment Period (AEP) and you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.   **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers. |
| 3-day supply, or less medication | | Select the **less than 3 days** radio button.    Please allow me a moment to contact our Senior Team to assist with the issue.  **Contact the Med D Senior Team** (SRT) for assistance with opening Access to Care.   * Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).        * We have opened Access to Care on your behalf so you can fill any necessary medications at your local pharmacy. Please understand that if your reinstatement is **not** approved, you will be responsible for the full cost of any prescriptions filled during this time. * I have also opened a research task with our member services team to review the issue. A representative will contact you within 3 business days to follow up on the issue. Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.     **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers. |
| Reinstated in MARx but not reinstated into the plan | Select the **Reinstated in MARx, but not reinstated in plan** radio button.     * How many days’ supply of medication do you have on hand? * Please allow me a few moments to submit a research task for this issue.   **Note:** Donotrefer the beneficiary to the Social Security Administration. | | |
| **If the beneficiary has…** | **Then…** | |
| More than 3-day supply of medication | I have opened a research task with our member services team to review the issue. A representative will contact you within 3 business days to follow up on the issue. Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.  **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers.    **Task Notes:** Beneficiary called to advise they were disenrolled due to <Incorrect Date of Death reported or Loss of Part A, B, and D>. Beneficiary can be reached at <current phone number> at <best time to contact>. Beneficiary has been reinstated in Marx but not reinstated into plan systems. Beneficiary has more than 3 days medication on hand.  **Note:** Complete the required fields in the Task Notes (reason for disenrollment, current phone number, and best time to contact).    Select **Create Support Task**. | |
| 3-day supply, or less medication | Select the **less than 3 days** radio button.    Contact the Med D Senior Team (SRT) for assistance with opening Access to Care.  Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).       * We have opened Access to Care on your behalf so you can fill any necessary medications at your local pharmacy. Please understand that if your reinstatement is **not** approved, you will be responsible for the full cost of any prescriptions filled during this time. * I have also opened a research task with our member services team to review the issue. Someone will be contacting you within 3 business days to follow up on the issue. * Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.   **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers.    **Task Notes:** Beneficiary called to advise they were involuntarily disenrolled due to <Incorrect Date of Death reported or Loss of Part A, B, and D>. Beneficiary can be reached at <current phone number> at <best time to contact>. Beneficiary has been reinstated in Marx but not reinstated into plan systems. Beneficiary has 3 days or less of medication on hand. Access to care was opened. Beneficiary was informed to continue to use plan services.  **Note:** Complete the required fields in the Task Notes (reason for disenrollment, current phone number, and best time to contact).    Select **Create Support Task**. | |

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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](https://collab.corp.cvscaremark.com/sites/EnrollOpsProjTeam/SMST%20Projects/Shared%20Documents/Work%20Instructions-NEEDS%20REVIEW/CMS-2-017428)

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