# Compass - MED D - CMS Initiated Enrollment and Disenrollment (Auto, Facilitated, and Reassigned)

[Overview](#_Toc179382266)

[Determine the Enrollment Source](#_Toc179382267)

[Disenrollment/Cancellation (Opt Out) Options](#_Toc179382268)

[Related Documents](#_Toc179382269)

**Description:** This document outlines the process and defines talking points to perform when a beneficiary has either been enrolled or disenrolled by CMS and is calling to understand why or requesting to not be in our plan. This includes the following enrollment and disenrollment scenarios: Auto, Facilitated, and Reassigned Enrollments.

|  |
| --- |
| Overview |

Medicare beneficiaries that receive assistance through federal (Extra Help) and state (SPAP, PACE) programs may be notified of automatic or facilitated changes to their enrollment by Medicare or state agencies. When contacting the plan, the beneficiary (or authorized representative) may have questions about their enrollment or disenrollment and may also be confused by the process. The CCR may be asked questions about the following:

* How did I get enrolled with your plan?
* I received a blue letter from CMS (and or a letter from the SilverScript plan) that I was reassigned to the plan.
* I received a letter from Medicare indicating I am being disenrolled from the SilverScript Plan.
* I have a SPAP and/or PACE plan and do not need SilverScript.

It is the CCR’s responsibility to help the beneficiary understand their enrollment and provide options for disenrollment/opting out of enrollment, if requested.

|  |
| --- |
| Determine the Enrollment Source |

Perform the steps below**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | From the **Medicare D Landing Page**, **Eligibility & Plan** tab, review the **Enrollment Source** field in the **Enrollment Details** section. | | | |
| **If the Enrollment Source is…** | | **Then…** | |
| CMS Auto Enrollments - TRC117  **Note**: “Auto Enrolled: Yes” will also display. | | Medicare auto enrolled you into the SilverScript plan for your Part D benefit because you are eligible for Low Income Subsidy (LIS) also known as Extra Help.  **Note:** The beneficiary is a full dual eligible (Medicaid and Medicare benefits).  Proceed to [**Step 4**](#S4)**.** | |
| CMS Facilitated - TRC118 | | CMS facilitated your enrollment into the SilverScript plan for your Part D benefit because you are eligible for Low Income Subsidy (LIS) also known as Extra Help.  **Note:** The beneficiary is eligible for Low Income Subsidy (LIS), but not eligible for full Medicaid benefits. CMS has facilitated their enrollment in the SilverScript plan for their Part D benefit.  Proceed to [**Step 4**](file:///C:/Users/C337799/Downloads/MED%20D%20-%20Specialized%20Member%20Service%20Team%20(SMST)%20-%20CMS%20Initiated%20Enrollments%20(Auto%20Facilitated%20and%20Reassigned%20Enrollments)%20100423.docx#S4)**.** | |
| CMS Reassignment - TRC212 | | CMS reassigned you into the SilverScript plan because your previous plan’s premium will increase in the upcoming plan year and you will have to pay part of the premium if you remain in your current plan.  **Note:** CMS has reassigned them to the SilverScript plan for their Part D benefit.   * Refer to**:**  [MED D SilverScript - Annual Reassignment of Low Income Subsidy (LIS) Eligible Beneficiaries](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=381521d0-4e7a-4b34-9d2e-8986ffa99826) | |
| Other source | | Proceed to the **next step**. | |
| **3** | From the **Plan Details** section, review **External Product** field to determine if the beneficiary is enrolled in a **State Pharmaceutical Assistance Program (SPAP)** or **Program of All-Inclusive Care for the Elderly (PACE)** plan. | | | |
| **If the External Product...** | **Meaning...** | | |
| SPAP | You have been enrolled in a SPAP plan by the state and will receive your prescription drug benefits from the SilverScript prescription drug plan. A portion of your benefits will be subsidized by the state.  A SPAP is a state funded program that provides people assistance in paying for drug coverage, based on financial need, age and/or medical condition. Points to remember**:**   * Programs vary state by state. * SPAP subsidizes the beneficiary for some cost. * CMS allows qualified SPAPs to submit enrollment requests to PDPs. * States have varying eligibility requirements.   Proceed to next step. | | |
| PACE | You have been enrolled in a PACE plan by CMS and will receive your prescription drug benefits from the SilverScript prescription drug plan. A portion of your benefits will be subsidized by CMS.  **Note**: The Programs of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain individuals, most of whom are dually eligible for Medicare and Medicaid benefits. Beneficiaries must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care by the appropriate State agency.  Proceed to next step. | | |
| **4** | Do you have any questions about your plan? | | | |
| **If...** | | | **Then...** |
| Beneficiary has questions about their benefits. | | | Address the beneficiary’s questions based on existing policies and procedures.   * Close the case according to current policies and procedures. |
| Beneficiary wants to disenroll/opt out of the plan. | | | Continue to [Disenrollment Options](#DisenrollmentOptions) |

[Top of the Document](#_top)

|  |
| --- |
| Disenrollment/Cancellation (Opt Out) Options |

Perform the steps below**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Advise the beneficiary of their Disenrollment or Cancellation (Opt Out) options. | | |
| **If...** | **Then...** | |
| CMS Auto - Enrollments - TRC117 | * Since you do not want to remain in the SilverScript Plan, you have the following options**:**   + **Enroll in another Plan**     - You have the option to enroll into another plan at this time or in the future.     - You are eligible for a Special Enrollment Period (SEP) to enroll in another plan.     - You may also enroll in another plan during the Annual Enrollment Period (AEP) from October 15 through December 7.     - You may enroll in one of the plans that was listed in the CMS letter you received by using the [www.medicare.gov](http://www.medicare.gov) website.     - I would like to point out it is important that you consider enrolling in another prescription drug coverage at this time so you will have continual coverage.       * If you do not choose prescription drug coverage, then you may be subject to a Late Enrollment Penalty when you enroll in a prescription drug plan in the future.   + **Opt Out of** **this enrollment**     - You may also choose to Opt Out of the SilverScript Plan at this time.     - However, please be aware that Medicare will not include you in their Auto-Facilitated Enrollment processes in the future and you will be responsible for any changes in your enrollment. | |
| **If beneficiary will...** | **Then...** |
| Enroll in another plan | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users may call 711.  Proceed to [Step 2](#Close). |
| Opt Out of SilverScript Plan | Submit a Support Task**:**  Click the **Create Support Task** button from **Case Details** screen.  **Refer to:** [Compass - Create a Support Task](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).    **Task Type:** Enrollment **-** Cancellation of Enrollment  Complete all required fields marked with an asterisk (\*).  **Task Notes:** <Todays Date> <Caller’s Name> was auto enrolled in the plan by CMS and is requesting to Opt Out/disenroll from the plan at this time. Beneficiary understands the consequences of choosing to opt out of the auto-enrollment process.  **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers.  The request has been submitted; you should receive a written notification by mail from the plan within 10 calendar days.  Proceed to [Step 2](#Close). |
| CMS Facilitated - Enrollments - TRC118 | * Since you do not want to remain in the SilverScript Plan, you have the following options**:**   + **Enroll in another Plan**     - You have the option to enroll into another plan at this time or in the future.     - You are eligible for a Special Enrollment Period (SEP) to enroll in another plan.     - You may also enroll in another plan during the Annual Enrollment Period (AEP) from October 15 through December 7.     - You may enroll in one of the plans that was listed in the CMS letter you received by using the [www.medicare.gov](http://www.medicare.gov) website.     - I would like to point out it is important that you consider enrolling in another prescription drug coverage at this time so you will have continual coverage.       * If you do not choose prescription drug coverage, then you may be subject to a Late Enrollment Penalty when you enroll in a prescription drug plan in the future.   + **Opt out this enrollment**     - You may also choose to Opt Out of SilverScript at this time.     - However, please be aware that Medicare will not include you in their Auto-Facilitated Enrollment processes in the future and you will be responsible for any changes in your enrollment. | |
| **If beneficiary wants to...** | **Then...** |
| Enroll in another plan | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users may call 711. |
| Opt Out of SilverScript Plan | Submit a Support Task**:**  Click the **Create Support Task** button from **Case Details** screen.    **Task Type:** Enrollment - Cancellation of Enrollment  Complete all required fields marked with an asterisk (\*).  **Task Notes:** <Todays Date> <Caller’s Name> was a Facilitated enrollment into the plan by CMS and is requesting to opt out/disenroll from the plan at this time. Beneficiary understands the consequences of choosing to opt out of the facilitated enrollment process.  **Do not** give out confirmation numbers of tasks to callers. Member Services cannot verify these numbers.  The request has been submitted; you should receive a written notification by mail from the plan within 10 calendar days. |
| CMS Reassignment - TRC212 Gaining Enrollment  Or  CMS Reassignment – TRC 014 Disenrollment | Refer to [Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc) | |
| SPAP | Check the Enrollment section of the applicable CIF to determine the next steps on the options to disenroll.   * Refer to [Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc) for more information. | |
| PACE | Check the Enrollment section of the applicable CIF to determine the next steps on the options to disenroll. | |

[[Top of the Document](#_top)](#_top)

|  |
| --- |
| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)

[Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc)

**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](file:///C:/Users/C337799/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**