# Compass MED D - Cancellation of Enrollment

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**Description:** This document provides the CCR with the proper guidance in addressing questions, concerns and issues surrounding a beneficiary’s request to cancel their enrollment.

**Important:** For **Plan Consolidation during 2024**, review the Medicare D Alerts to confirm if the beneficiary is part of the consolidation. A note will display: “**Member part of 2025 Choice Plan Transition Project.**” If this note is present and the beneficiary no longer wishes to remain with SilverScript, then proceed to: [Compass MED D SilverScript - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db).



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| General Information – Cancellation of Enrollment vs. Voluntary Disenrollment |

* For Medicare Part D plans, the term “Cancellation” strictly refers to a request to revoke a future enrollment request **prior** to the **Benefit Effective Date**.
* “Voluntary Disenrollment” is the term associated with ending an enrollment **on or after** the **Benefit Effective Date.**

When a beneficiary (or their legal representative) requests to end their Med D Plan, they may use the terms “Cancel” or “Disenroll.” The action taken by the CCR will be based on the **Benefit Effective Date.**

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| Identify the Benefit Effective Date |

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | From the Compass **Search (New UI)**screen, search for the beneficiary.  Refer to [Compass - Member Search](file:///C:\Users\C337799\TSRC-PROD-050011). | | |
| **If the beneficiary is…** | **Then…** | |
| Found | The **Main** Screen will display.  Proceed to Step 2. | |
| **NOT** Found | Proceed to the[Locating a Beneficiary in Fazal](#_Locating_a_Beneficiary) section. | |
| **2** | From the **Medicare D Member Details** panel on the Medicare D Landing Page, review the **Benefit Effective date**. | | |
| **3** | Refer to the chart below to determine the next step: | | |
| **If the beneficiary is calling…** | **Then...** | |
| **BEFORE** the Benefit Effective date of enrollment (account is **not** active) | Proceed to [Submit a Cancellation of Enrollment Request](#_Submit_a_Cancellation_1). | |
| **ON OR AFTER** the Benefit Effective date - (account is active)  OR  Beneficiary says they received a letter advising them to call to cancel. | * Click the **Last 12 Months of Communications** hyperlinkfrom the **Medicare D Quick Actions** panel on the Medicare D Landing Pageand search for a DOEVL (Outbound Enrollment Verification) Letter * Review the deadline for cancelling enrollment at the bottom of the letter.   **Note:** If DOEVL letter is **not** found, **Warm Transfer** to the Specialized Member Services Team (SMST).   * SilverScripttransfer to 1-833-458-0858 * HealthPlan/EGWP transfer to 1-844-234-8264 | |
| **If the date on the letter is…** | **Then…** |
| Future date | Proceed to [Submit a Cancellation of Enrollment Request](#_Submit_a_Cancellation_1). |
| Past date | The request must be treated as a **Voluntary Disenrollment**.  Refer to[Compass MED D SilverScript - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db). |

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| Submit a Cancellation of Enrollment Request |

Perform the following steps:

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| **Step** | **Action** | | | |
| **1** | Navigate to the Medicare D Landing Page in **Compass** and click the **Eligibility & Plan** tab.   * Review the **Enrollment Source** field. | | | |
| **2** | Determine the appropriate action: | | | |
| **If the Enrollment Source is…** | | **Then…** | |
| CMS Auto/Facilitated, TRC 117 or TRC 118 or 212 | | Medicare (CMS) enrolled the beneficiary. Advise the beneficiary that they can choose to opt out of future enrollments prior to submitting cancellation.  **Say**   * Our records show that you were automatically enrolled in <**Plan Name**>. Medicare will continue to enroll you into a plan in a monthly auto-enrollment process unless you choose to opt-out of this process. However, **if you choose to opt-out of this process,** you will be responsible for your plan choices in the future. * Please be aware that if you go without creditable prescription drug coverage for more than 63 days, you may incur a Late Enrollment Penalty. Additionally, if you previously had drug coverage through Medicaid that program will no longer pay for your prescription medications.   **Note:** If the beneficiary **indicates that they already have creditable coverage** **through an employer/group plan or through another source such as VA**, they may not be subject to Late Enrollment Penalty.  **Say** How would you like to proceed? | |
| **If….** | **Then…** |
| **No, beneficiary does not wish to Opt Out of Future Enrollments** | Submit the following **Support Task:**  **Task Type:** Enrollment **-** Cancellation of Enrollment  **Notes:**   * Today’s date * Caller (Beneficiary, POA/Legal Representative, and Ship Counselor) is requesting to cancel his/her enrollment request effective xx/xx/xxxx. * The beneficiary does not wish to opt-out of future automatic/facilitated enrollments. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary).   **Say** We will submit a request for review. Please understand that the turnaround time for this review can take up to 10 days. A letter regarding your request will be sent to your address on file if the request can be processed.  Proceed to next step. |
| **Yes, beneficiary wants to Opt Out of Future Enrollments** | Submit the following **Support Task**:  **Task Type:** Enrollment **-** Cancellation of Enrollment  **Notes:**   * Today’s date * Caller (Beneficiary, POA/Legal Representative, and Ship Counselor) is requesting to cancel his/her enrollment request effective xx/xx/xxxx. * Beneficiary understands the consequences of choosing to opt out of the auto enrollment process * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary).   **Say**   * By declining automatic enrollment, you will no longer be included in future automatic enrollments by Medicare. * We will submit a request for review. Please understand that the turnaround time for this review can take up to 10 days. A letter regarding your request will be sent to your address on file if the request can be processed.     Proceed to the next step. |
| **Rollover** - Beneficiary is a rollover from another plan (acquired or changed) | | **A voluntary disenrollment is required** to be removed from the plan.  Refer to[Compass MED D SilverScript - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db). | |
| All other sources | | Submit the following **Support Task:**  **Task Type:** Enrollment - Cancellation of Enrollment  **Notes:**   * Today’s date * Caller (Beneficiary, POA/Legal Representative, and Ship Counselor) is requesting to cancel his/her enrollment request effective xx/xx/xxxx. * If needed provided Legal Rep or POA (Full name, address, and phone number, and relationship to the beneficiary).   **Say** We will submit a request for review. Please understand that the turnaround time for this review can take up to 10 days. A letter regarding your request will be sent to your address on file if the request can be processed.  Proceed to the next step. | |
| **3** | Say   * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | | | |
| **If…** | **Then…** | | |
| Yes | Close the call:   * Address any other issues, if needed. * Document and close the call according to existing policies and procedures, including all options discussed. Refer to [Compass - Call Documentation](file:///C:\Users\C337799\TSRC-PROD-050011) and [Compass MED D - Call Documentation Job Aid](file:///C:\Users\C337799\TSRC-PROD-061758). | | |
| No | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a Supervisor. | | |

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| Submit a Cancellation of Enrollment with No Member in Session |

After ALL attempts to locate the beneficiary’s account have failed, create a Support Task outside of a member account by performing the following steps:

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| **Step** | **Action** |
| **1** | From either the Search by Member screen, Search by Retail Rx screen, or Search by Mail Order/Internal ID screen, click the **Support Task Actions** dropdown and select “Create Med D Enrollment Support Task”.  Within the **Support Task Actions** dropdown, an Information Icon **(i)** will display the following message: “Only create a support task when a member record cannot be located in Compass after exhausting all search options, or if you get a CVSID error while in a member record and are unable to create a support while in that case.” |
| **2** | Create the following Support Task:  **Task Type:** Select one of the following:   * Enrollment - Cancellation of Enrollment * Enrollment - Cancellation of Enrollment – OEV (if due to Cancellation of Enrollment due to Outbound Enrollment Verification (OEV) letter)   Complete all required and applicable fields in task. |

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| Locating a Beneficiary in Fazal |

Perform the following steps:

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| **Step** | **Action** | | | | |
| **1** | Navigate to the **Medicare D** **Quick Actions** panel, then click the **Fazal Portal** hyperlink. In **FAZAL**, search for enrollment information specific to the beneficiary using the name and date of birth.  Refer to:   * [Compass MED D - SilverScript - Resolution of Eligibility](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3498d644-ecdb-4bb5-8b04-fe1a1fbd7ee5) * [Compass MED D - Blue MedicareRx (NEJE) - Resolution of Eligibility](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9aca36ee-eaf3-4396-adf8-28b9679d56ab)   **Note:** The search results are displayed by Batch Date with the most recent application listed first. The CCR should always view the most recent application submitted.    Proceed to the next step. | | | | |
| **2** | Click the **SubId** hyperlink for the enrollment record.  **Result:** **Section 1** of the **Enrollment Form View** screen will display. | | | | |
| **3** | Review the **Data Origin** shown at the top of section 1 of the enrollment record. The Data Origin is the **enrollment source**. | | | | |
| **If the enrollment source is…** | | | **Then…** | |
| CMSA  CMSF  CMSR | Beneficiary is an auto, facilitated or reassigned enrollee | | **Say**   * Our records show that you were automatically enrolled in <**Plan Name**>. Medicare will continue to automatically enroll you into a plan in a monthly auto-enrollment process unless you choose to opt-out of this process. However, **if you choose to opt-out of this process,** you will be responsible for your plan choices in the future. * Please be aware that if you go without creditable prescription drug coverage for more than 63 days, you may incur a Late Enrollment Penalty. Additionally, if you previously had drug coverage through Medicaid that program will no longer pay for your prescription medications.   **Note:** If the beneficiary indicates that they already have creditable coverage through an employer/group plan or through another source such as VA, they may not be subject to Late Enrollment Penalties.   * Do you wish to opt-out of future enrollments?   + **If Yes,**      - By declining automatic enrollment, you will no longer be included in future automatic enrollments.   + **If No,**      - Your enrollment in the plan will be cancelled, however you will still be included in future automatic enrollments.   Proceed to the next step and indicate in the notes: Beneficiary **does** or **does not wish to opt-out of** auto/facilitated enrollment process. | |
| AGNTP  C:D  FAX  ICALL  MAIL  MLPAP  OECT  PAPER  WEBIN  WRAPX  RAPXW | Beneficiary is a beneficiary elect | | Proceed to the next step. | |
| Rollover | Beneficiary is a rollover from another plan (acquired or changed) | | A **Voluntary Disenrollment is required** to be removed from the plan.  Refer to[Compass MED D SilverScript - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db).  **Note: Do not** send a Cancellation of Enrollment Routed Task. | |
| **4** | Review the **ApplStatus** shown on the search results: | | | | |
| **If the ApplStatus is…** | | | **Then…** | |
| INCPCMS  INCPDENL  INCPDUP  INCPFSCRUB  INCPHOLD  INCPOPS | | | Proceed to the next step. | |
| DENL | | | If the beneficiary has no other applications and has no eligibility in Compass, **no further action is needed**.  Skip to [Step 8](#Step8). | |
| COMP  DUPCLOSED | | | Review effective dates for these enrollments. If the beneficiary has a future effective date, search in Compass again using the GID located in the enrollment or notes in the enrollment. | |
| **If…** | **Then…** |
| Beneficiary is located in Compass with future eligibility | Refer to Step 2 in [Identify the Benefit Effective Date](#_Identify_the_Benefit). |
| Beneficiary is not located in Compass **and/or** does not have future eligibility | Submit an RM Task using the notes from [Submit a Cancellation of Enrollment Request](#_Submit_a_Cancellation) Step 2. |
| **5** | Clickthe **Section 3** hyperlink of the **Enrollment Form View** screen.  **Result:** **Section 3** of the **Enrollment Form View** screen will display. | | | | |
| **6** | Select **Member Requests Cancellation** in the **CSR Category** dropdown box.  Enter the following:   * Date * “Caller (Beneficiary, POA/Legal Representative, and Ship Counselor) is requesting to cancel his/her enrollment request effective xx/xx/xxxx.” * If needed, provided Legal Rep or POA, or Ship Counselors (Full name, address, and phone number, and relationship to the beneficiary).   **Note:** Only beneficiaries, designated individuals with POA or AOR/Legal Representative documentation, or a SHIP Counselor can request to cancel a beneficiary’s enrollment in a MED D prescription drug benefit plan. | | | | |
| **7** | Click the **X** on the top right of the screen to save and close the application. | | | | |
| **8** | **Say**   * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | | | | |
| **If…** | | **Then…** | | |
| Yes | | Close the call:   * Address any other issues. * Document and close the call according to existing policies and procedures, including all options discussed. Refer to [Compass - Call Documentation](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/TSRC-PROD-007931) and [Compass MED D - Call Documentation Job Aid](file:///C:\Users\C337799\Downloads\CMS-PCP1-040036). | | |
| No | | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a Supervisor. | | |

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| 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).
* [MED D Enrollment - FAZAL](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer)
* [MED D - SHIP Counselor Calls for CVS Caremark Part D Plans](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/Formatting%20Needed/CMS-PCP1-040036)
* [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](file:///C:\Users\C337799\TSRC-PROD-050037)
* [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP)](file:///C:\Users\CMS-PRD1-078799)

**Parent SOP:**

* MEDS-0006: [Medicare Part D - Cancellation of Enrollment and Disenrollment Policy and Procedure, CVS Caremark Part D Services, L.L.C.](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/TSRC-PROD-061758?documentId=MEDS-0006)
* CALL-0048: [Medicare Part D - Customer Care Call Center Requirements, CVS Caremark Part D Services, L.L.C.](https://thesource.cvshealth.com/nuxeo/thesource/?documentId=CALL-0048)

**Abbreviations/Definitions:**

* [Abbreviations / Definitions](file:///C:\Users\CMS-2-021424)

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