# Compass MED D - Cancellation of Voluntary Disenrollment

[CCR Process](#_Toc203053595)

[Submitting a Cancellation of Disenrollment Request](#_Toc203053596)

[Related Documents](#_Toc203053597)

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

| CCR Process |
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To submit a request for cancellation of disenrollment prior to the disenrollment effective date, the CCR will**:**

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| **Step** | **Action** | | | |
| **1** | From the **Medicare D Landing Page**, navigate to the **Medicare D Member Details** panel to review the **Coverage** effective/expiration date. | | | |
| **If the cancellation request is received…** | **Then…** | | |
| **After** the Coverage expiration date | **The beneficiary cannot cancel their disenrollment** because the disenrollment has already occurred.  **Note:** The beneficiary will be able to enroll during the Annual Enrollment Period (AEP) or if they have a valid Special Election Period (SEP).     * You were disenrolled as of <Coverage Expiration date >. We are unable to cancel your disenrollment. You may submit an enrollment application if you have a valid election period (or during AEP). * If you would like to remain with our plan, I can transfer you to an enrollment agent now or you can also submit a new application at AetnaMedicare.com.   If a beneficiary states that they were disenrolled in error, this does not mean that an error occurred. It is the CCR’s responsibility to review the disenrollment and proceed accordingly.  Refer to [Compass MED D - Disenrollment Reasons Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5bc27b0-d7ed-4a3a-93cd-2c876245c728). | | |
| **If…** | | **Then…** |
| Beneficiary wants to speak with an enrollment agent… | | Transfer to an Enrollment agent. Refer to [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2). |
| Beneficiary does not want to speak to an agent… | | Address any other benefit issues. |
| **Before** the Coverage expiration date | Proceed to next step. | | |
| **2** | From the **Medicare D Landing page – Enrollment Details** **tab**, review the **Disenrollment Reason** field. | | | |
| **If disenrollment reason is…** | | **Then…** | |
| DISENROL-NEW MCO | | Refer to [Compass MED D – Disenrollment Due to Enrolling in a Different Prescription Drug Plan (PDP).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f4d74454-3dea-4ce7-9c6a-fd40ae8a1563) | |
| Blank (No reason shown) | | Proceed to [Submitting a Cancellation of Disenrollment Request](#_NOT_ENROLLED). | |
| Any other reason | | Refer to [Compass MED D - Disenrollment Reasons Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5bc27b0-d7ed-4a3a-93cd-2c876245c728). | |

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| Submitting a Cancellation of Disenrollment Request |

Perform the steps below**:**

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| **Step** | **Action** | | | | | |
| **1** | This process continues from [Compass MED D SilverScript - Cancellation of Enrollment/Voluntary Disenrollment Guided 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** | Select **Cancellation/Disenrollment** from the **Medicare D Quick Actions** table. | | | | | |
| **Step** | **Action** | | | | |
| **1** | Select **Disenrollment** as the reason the member is calling. | | | | |
| **2** | Choose **Cancel voluntary disenrollment request** as the Disenrollment Process. | | | | |
|  | | | | | |
| **3** | The system will perform a check for the Disenrollment reason. | | | | | |
| **If…** | | | **Then…** | | |
| **Not** enrolled in another prescription drug plan | | | Proceed to **Step 3**. | | |
| Enrolled in another prescription drug plan | | | They will need to contact the plan they are enrolled in to cancel their enrollment or submit a new enrollment for the plan they wish to join.    Have you contacted the other plan to cancel your future enrollment? | | |
| **If…** | **Then…** | |
| Yes | Review MARx to see if future enrollment is cancelled and member is reinstated in the plan. | |
| **If…** | **Then…** |
| Not cancelled in MARx | Inform the member to contact Medicare toll-free at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week.  TTY users should call 1-877-486-2048. |
| Cancelled in MARx, but not reinstated | * We are only able to process your reinstatement once we have received notice from Medicare. * When your reinstatement has been approved and processed, you will receive a letter in the mail. * Please note, this may take up to 10 days or more during busy times of the year such as the Annual Enrollment Period.     Update the Notes with the required information for the request indicated by << **Example** >>.  Click the **Create Support Task** button. |
| No | Please contact the plan you enrolled in and submit a request to cancel your future enrollment. Once we receive information from Medicare showing the enrollment has been cancelled, you will receive a letter in the mail. | |
| **4** | Have you already submitted a request to cancel the disenrollment? | | | | | |
| **If beneficiary says…** | | **Then...** | | | |
| Yes | | Reviewthe **Medicare D Landing page – Medicare D Alerts** to determine if a cancellation of disenrollment support task was previously submitted. | | | |
| **If…** | **Then…** | | |
| A support task was already submitted | * I can see you have already submitted a cancellation of disenrollment request. * The request is pending, and we cannot submit another request at this time. | | |
| No support task has been submitted | Proceed to the next step. | | |
| No | | Proceed to the next step. | | | |
| **5** | You will receive written notification regarding the outcome of the request.  Update the Notes with the required information for the request indicated by << **Example** >>.  Click the **Create Support Task** button. | | | | | |

[Top of the Document](#_top)

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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/" \l "!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)
* [MED D Enrollment - FAZAL](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db8c2342-e9e4-467b-8cd9-ccb712533400)
* [MED D - SHIP Counselor Calls for CVS Caremark Part D Plans](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f853166-b8d0-477c-8fae-9d6ab8ea98f1)
* [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)
* [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a)
* [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a)
* [Compass MED D - CMS Passive Enrollment in MMP - Required Voluntary Disenrollment from the PDP, Opt-Out and Disenrollment from the MMP](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4d52d68c-a6f6-40c7-9c55-c3b3a710f451)

**Parent SOP:**

* MEDS-0041**:** [Medicare Part D Voluntary Disenrollment, CVS Caremark Part D Services, L.L.C., Policy and Procedure](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=MEDS-0041)
* MEDS-0006**:** [Medicare Part D - Cancellation of Enrollment and Disenrollment Policy and Procedure, CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=MEDS-0006)
* 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/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:**

* [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Microsoft/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-2-017428)

[Top of the Document](#_top)

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