# Compass MED D - Email and Phone Number Changes

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| Overview |

CVS Caremark Part D strives to maintain accurate contact information for its beneficiaries, which includes a beneficiary’s:

* Phone number
* Email address

For Address Changes, refer to [Compass MED D - Address Changes and Out of Area (OOA)](C:\\Users\\C337799\\Downloads\\TSRC-PROD-061760).

**Reminder: You must verify contact information on the following call types:**

* Order Placement
* Order Status
* Member Resources
* Enrolling/Updating Messaging Preference

**Note:** Fax Numbers are **not** used to contact MED D beneficiaries.

Changes to contact information may be made when the beneficiary mails correspondence to or calls into one of CVS Caremark Part D Services, L.L.C.’s call centers.

* **Do not** refer the beneficiary to CMS.
* When the beneficiary contacts CVS CAREMARK PART D SERVICES, L.L.C. via mail, the change request will be addressed by the Correspondence team.
* Changes to a beneficiary’s contact information must take place on **both** the **Member Snapshot Landing Page** and **Medicare D Landing Page** in Compass.

Changes made on the **Medicare D Landing Page** tab in **Compass** cause **automatic** updates to the same information in **FACETS**.



* **FACETS** updates the information in **RxClaim** within 24-48 hours.

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| Authorized Persons Who Can Change Contact Information for the Beneficiary |

Any third-party callers (benefits offices, prescribers, sales agents, and/or individuals calling on behalf of the beneficiary, etc.) are **NOT** authorized to update contact information for MED D beneficiaries.

Updates to contact information on the beneficiaries account can only be made by the following individuals:

* The beneficiary
* Authenticated SHIP Counselor
  + Refer to the [Compass MED D - SHIP Counselor Calls For CVS Caremark Part D Plans](C:\\Users\\C337799\\Downloads\\TSRC-PROD-061877) work instruction.
* Designated individuals with Power of Attorney (POA) or legal representative documentation

Refer to the [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](C:\\Users\\C337799\\Downloads\\TSRC-PROD-061884) and [MED D - Obtaining a Verbal Attestation from an Authorized Representative](file:///C:\Users\C337799\Downloads\TSRC-PROD-024341).

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| Determining Contact Information Changes for the Beneficiary |

Perform the steps below to determine the specific piece(s) of contact information that should be changed for the beneficiary:

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| **Step** | **Action** | | | |
| **1** | Is the caller the beneficiary, POA, or Legal Representative? | | | |
| **If the caller is…** | | **Then…** | |
| The beneficiary | | Proceed to Step 2. | |
| The POA, or Legal Representative | | Determine if the caller’s information matches the POA or Legal Representative details on the account in any of the following areas in **Compass**:   * **Member Alerts** * **Medicare D Alerts** * **Privacy Records** in the Quick Actions Panel on the Member Snapshot Landing Page * **Padlock Icon** in the Member Details panel on the Member Snapshot Landing Page | |
| **If…** | **Then…** |
| Yes | Proceed to Step 2. |
| No | * I apologize. * You are not listed as an approved legal representative for this account. * Changes to the beneficiary’s contact information can only be completed by the beneficiary, POA or Legal Representative.   Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](file:///C:\Users\C337799\Downloads\TSRC-PROD-061884). |
| Anyone else | | * I apologize. * You are not listed as an approved legal representative for this account. * Changes to the beneficiary’s contact information can only be completed by the beneficiary, POA or Legal Representative.   Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](file:///C:\Users\C337799\Downloads\TSRC-PROD-061884).  A contact information request can be submitted if the beneficiary **verbally** provides permission for the non-authorized party to proceed with the request. This is a one-time occurrence. | |
| **2** | Ask the caller what contact information needs to be changed. | | | |
| **If the caller wants to change the…** | **Then…** | | |
| Phone Number | ThePhone Number must be updated on **BOTH** the **Member Snapshot Landing Page** and **Medicare D Landing Page** in Compass.  Refer to the following sections of this document and complete the appropriate processes:   * [Phone Number Changes on Medicare D Landing Page](#_Phone_Number_Changes)  * [Compass - Add / Edit / Delete Phone Number](C:\\Users\\C337799\\Downloads\\TSRC-PROD-053256)   **Note:** EGWP MTA NYCTA (New York City Transit Authority (X9565,X0922)) - Once phone number changes have been made and all questions are addressed; refer to [CIF](file:///C:\Users\C337799\Downloads\TSRC-PROD-020626) and warm transfer the call to MTA Business Service Center at 1-646-376-0123. | | |
|  | Email Address | TheEmail Address must be updated on **BOTH** the **Member Snapshot Landing Page** and **Medicare D Landing Page** in Compass.   * [Email Address Changes on Medicare D Landing Page](#_Email_Address_Changes) * [Compass - Add / Edit / Delete Email Address](file:///C:\Users\C337799\Downloads\TSRC-PROD-053409) * [Member Opt Out - Delete Email Address on Medicare D Landing Page](#_Member_Opt_Out) | | |
| **3** | Review CIF to determine if the call needs to be transferred to the client to update in their system. | | | |

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| Phone Number Changes on Medicare D Landing Page |

Follow the steps below:

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| **Step** | **Action** | |
| **1** | Verify that the caller has authorization make changes the beneficiary’s phone number.  Refer to [Determining Contact Information Changes for the Beneficiary](#_Determining_Contact_Information). | |
| **2** | From the **Medicare D Landing Page**, navigate to the **Phone Number** section of the **Medicare D Demographics** panel. | |
| **3** | Obtain the beneficiary’s new phone number | |
| **If …** | **Then…** |
| No phone number listed | Proceed to the next step. |
| Phone number **IS** listed | Verify phone number listed is correct, including the extension.   * If no, highlight phone number in the editable field and delete. Proceed to the next step. * If yes, verify the phone number is correct on the Member Snapshot Landing Page. Refer to [Compass - Add / Edit / Delete Phone Number](file:///C:\Users\C337799\Downloads\TSRC-PROD-053256). |
| **4** | Enter phone number in the **Phone Number** field.   * Review phone number with beneficiary to ensure accuracy. * Click **Save**.   **Result:** Success message will display.  **Note:** The system will display an error message if the phone number is less than 10 digits, an invalid phone number format, or when user enters less than 4 digits in the extension field. | |
| **5** | Use the following template to add documentation to case comments.  **Template:** Beneficiary’s Phone Number was changed on MM/DD/YYYY from <OLD PHONE> to <NEW PHONE> as requested by <caller>. | |
| **6** | Update Phone Number on the Member Snapshot Landing Page. Refer to [Compass - Add / Edit / Delete Phone Number](file:///C:\Users\C337799\Downloads\TSRC-PROD-053256). | |

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| Email Address Changes on Medicare D Landing Page |

Follow the steps below:

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| **Step** | **Action** | |
| **1** | Verify that the caller has authorization to make changes to the beneficiary’s email address.  Refer to [Determining Contact Information Changes for the Beneficiary](#_Determining_Contact_Information). | |
| **2** | From the **Medicare D Landing Page**, navigate to the **Email Address** section of the **Medicare D Demographics** panel. | |
| **3** | Obtain the beneficiary’s new email address. | |
| **If …** | **Then…** |
| No email address listed | Proceed to the next step. |
| Email address **IS** listed | Verify email address listed is correct, including the extension.   * If no, highlight email address in the editable field and delete. Proceed to the next step. * If yes, verify the email address is correct on the Member Snapshot Landing Page. Refer to [Compass - Add / Edit / Delete Email Address](file:///C:\Users\C337799\Downloads\TSRC-PROD-053409). |
| **4** | Enter email address in the **Email Address** field.   * Review email address with beneficiary to ensure accuracy. * Click **Save**.   **Result:** Success message will display.  **Note:**   * The system will display an error message if an invalid email address is entered. * Email address is limited to 40 characters or less. | |
| **5** | Use the following template to add documentation to case comments.  **Template:** Beneficiary’s EMAIL Address was changed on MM/DD/YYYY from <OLD Email> to <NEW Email> as requested by <caller>. | |
| **6** | Update email address on the Member Snapshot Landing Page. Refer to [Compass - Add / Edit / Delete Email Address](file:///C:\Users\C337799\Downloads\TSRC-PROD-053409). | |

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| Member Opt Out - Delete Email Address on Medicare D Landing Page |

Email Address Changes for the beneficiary must be entered in two (2) places:

1. **Member Snapshot Landing Page**
2. **Medicare D Landing Page**

Changes made on the Medicare D Landing Page cause **automatic** updates to the same information in **FACETS**.



**FACETS** updates the information in **RxClaim** within 24-48 hours.

Perform the steps below to delete an Email Address from the **Medicare D Demographics** panel on the Medicare D Landing page when the beneficiary opts out of email:

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| **Step** | **Action** |
| **1** | Verify that the caller has authorization to make changes to the beneficiary’s email address.  Refer to [Determining Contact Information Changes for the Beneficiary](#_Determining_Contact_Information). |
| **2** | From the **Medicare D Landing Page**, navigate to the **Email Address** section of the **Medicare D Demographics** panel. |
| **3** | Highlight the email in the **Email Address** field and delete. Then click the **Save** button.  **Result:** Success message will display confirming email address has been updated. |
| **4** | Use the following template to add documentation to case comments.  **Template:** Beneficiary’s EMAIL Address was deleted on MM/DD/YYYY from as requested by <caller> (Member Opt-Out). |
| **5** | Update email address on the Member Snapshot Landing Page. Refer to [Compass - Add / Edit / Delete Email Address](file:///C:\Users\C337799\Downloads\TSRC-PROD-053409). |

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| Resolution Time |

* Changes made in Compass and Facets are Immediate
* FACETS updates the information in RxClaim within 24-48 hours.

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](file:///C:\Users\C337799\Downloads\TSRC-PROD-007931)

**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)

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