#### Compass MED D - Enrollee Attestation for Future Enrollment (TRC 127 Attestation)

[General Information](#_Toc203054923)

[Process](#_Toc203054924)

[RxEnroll Care Downtime](#_Toc203054925)

[Resolution Time](#_Toc203054926)

[Related Documents](#_Toc203054927)

**Description:** This document outlines the process to follow when receiving a call regarding the beneficiary receiving a TRC 127 letter or a TRC 127 rejection. When a TRC 127 is received from CMS, the MED D plan sponsor sends the prospective enrollee a letter requesting attestation or confirmation of their enrollment into a prescription drug plan that is separate from their existing employer group, retiree, or union group benefits.

|  |
| --- |
| General Information |

**Call Handling:**

* SilverScript x9110 CCRs, follow the process outlined in this document.
* 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)

Employer, Retiree and Union Group plans make decisions annually regarding benefit coverage that is provided to their employees. This benefit coverage may include a variety of options, such as medical, prescription, dental, vision, etc.

When an employee becomes Medicare eligible, the Employer, Retiree or Union Group may make one of three decisions:

* Continue to provide benefits.
* Drop all benefits.
* Offer certain benefits if the employee selects a **specific** Medicare plan sponsor.

When an enrollment request is submitted by a Medicare plan sponsor, a Beneficiary Eligibility Query (BEQ) is performed by the Centers for Medicare and Medicaid Services (CMS). If it is determined that there is Employer, Retiree or Union coverage that coincides with the enrollment, this will result in a Transaction Reply Code (TRC) 127 rejection sent from CMS back to the plan sponsor.

**Note:** In the cases of the employer group, retiree plan or union group dropping all benefits,

* Medicare may not have received information from the health plan, advising the beneficiary’s employer group, retiree plan or union group coverage is ending.
* Medicare-eligible beneficiaries must enroll into a creditable prescription drug plan to avoid incurring a late enrollment penalty.

 When a prospective enrollee chooses a prescription drug plan outside of their existing employer group, retiree or union group benefits, they will lose any associated benefits (**Example:** Medical, dental, vision, etc.). This would also apply to anyone else covered under the same Plan.

[Top of the Document](#_top)

|  |
| --- |
| Process |

Perform the following steps**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | |
| **1** | From the **Medicare D Landing page – Eligibility & Plan** tab under the **Enrollment Details** section,confirm 127 displays in the **Transaction Reply** field.  A screenshot of a computer  Description automatically generated | | | | |
| **If…** | **Then…** | | | |
| Yes, 127 displays | Proceed to the next step. | | | |
| No | This is not a TRC 127 situation. Handle call accordingly and proceed to appropriate work instruction.  **Note:** If the beneficiary is not in Compass, it is not a TRC 127 attestation. | | | |
| **2** | Click the **Last 12 Months of Communications** hyperlink located in the **Medicare D Quick Actions** panel on the **Medicare D Landing** page to review recent letters sent to the beneficiary.  A red arrow pointing to a white background  Description automatically generated  **Result:**  ONEclick screen displays. | | | | |
| **If...** | | **Then...** | | |
| DCENR letter is found | | Proceed to Step 3. | | |
| DDMCO letter is found | | * Thank you for contacting Customer Care regarding your recently submitted enrollment application. * The time provided to attest or confirm your enrollment application has passed. * At this time, you will need to submit a new application. * Can I ask if you used an agent to submit your previous application? | | |
| **If...** | **Then...** | |
| Yes | * Contact your agent to complete another application as soon as possible. Alternatively, you can submit a new enrollment application at Aetnamedicare.com or I can transfer you to a licensed enrollment agent to complete an application. Refer to [MED D - Guide to Transferring a Call](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/AppData/Downloads/TSRC-PROD-029866). * If you do use an agent, please be sure to call back in about a week after the new enrollment has been submitted by the agent to complete an attestation that you do want this plan. This will ensure your enrollment is completed successfully.   **Note:** If an enrollment application is taken by a telephone agent, the Telesales team will need to work with the agent after the enrollment is complete to ensure commission is transferred properly. | |
| No | I can transfer you to a licensed enrollment agent to submit another application for enrollment for you. Please call us back next week to provide the necessary attestation to ensure your enrollment is completed successfully.  Transfer to an Enrollment Agent. Refer to [MED D - Guide to Transferring a Call](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/AppData/Downloads/TSRC-PROD-029866). | |
| Neither DCENR nor DDMCO is found | | This is not a TRC 127 situation. Handle call accordingly and proceed to appropriate work instruction.  Locate letter in **Last 12 Months of Communications** on the **Medicare D Landing** page in the **Medicare D Quick Actions** panel.  If there is no history of the enrollment, **DO NOT**refer the beneficiary to Medicare. | | |
| **3** | From the **Medicare D Landing** page, navigate to the **Medicare D Quick Actions** panel and click the **RxEnroll Care** hyperlink.    **Result:** The RxEnroll Care landing page displays.    **Note:** If there are additional tasks listed under **Action Areas**, refer to the appropriate work instruction to resolve the task for the beneficiary before ending the call. | | | | |
| **If...** | | | | **Then...** |
| The beneficiary has a pending TRC 127 | | | | Select **TRC 127** under Action Areas. |
| If the beneficiary is calling about receiving a TRC 127 Letter or an Employer Subsidy Waiver Letter | | | | Select **ENROLLMENT CHANGES** under the Menu on the left side of the screen and click **TRC 127**. |
| **4** | Read the scripting in the RxEnroll Care application to the beneficiary. | | | | |
| **If...** | **Then...** | | | |
| Yes, member agrees to enroll | * Select **Continue Enrollment**. * Follow the prompt provided in the RxEnroll Care application. * Enter the following Comments in the pop up box: Beneficiary accepts enrollment. * Click the **Submit** button to process the beneficiary’s request.   **Note:**Copy and Paste comments into the **Edit Comment** button in Compass.    DO NOT include PHI in comments entered using the **Edit Comment** button. PHI should only be included in Medicare D Alerts, if needed. | | | |
| No, member declines enrollment | * Select **Decline Enrollment**. * Follow the prompt provided in the RxEnroll Care application. * Enter the following Comments in the pop up box: Beneficiary declines enrollment. * Click the **Submit** button to process the beneficiary’s request.   **Note:**Copy and Paste comments into the **Edit Comment** button in Compass.    DO NOT include PHI in comments entered using the **Edit Comment** button. PHI should only be included in Medicare D Alerts, if needed. | | | |

[Top of the Document](#_top)

|  |
| --- |
| RxEnroll Care Downtime |

Perform the following steps**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | From the **Medicare D Landing page – Eligibility & Plan** tab under the **Enrollment Details** section,confirm 127 displays in the **Transaction Reply** field.  A screenshot of a computer  Description automatically generated | | | |
| **If…** | **Then…** | | |
| Yes | Proceed to the next step. | | |
| No | This is not a TRC 127 situation.  Locate letter in **Last 12 Months of Communications** on the **Medicare D Landing** page in the **Medicare D Quick Actions** panel.  **Note:** If the beneficiary is not in Compass, it is not a TRC 127 attestation. | | |
| **2** | From the **Medicare D Landing Page**, navigate to the **Medicare D Quick Actions** panel, click on the **Last 12 Months of Communications** hyperlink to locate the TRC notification letter sent to the beneficiary. Letter code is DCENR.  A red arrow pointing to a white background  Description automatically generated  **Result:**  ONEclick screen will display. | | | |
| **If...** | | **Then...** | |
| DCENR letter is found | | Proceed to Step 3.  **Note:** Click here to view the [MED D - TRC127 letter sample Y0080\_52303\_ENR](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/AppData/Downloads/CMS-PRD1-087571). | |
| DDMCO letter is found | | * Thank you for contacting Customer Care regarding your recently submitted enrollment application. * The time period provided to attest or confirm your enrollment application has passed. * At this time, you will need to submit a new application. * Can I ask if you used an agent to submit your previous application? | |
| **If...** | **Then...** |
| Yes | * Contact your agent to complete another application as soon as possible. * Please be sure to call back in about a week after the new enrollment has been submitted by the agent to attest that you do want this plan to ensure your enrollment is completed successfully. * If the enrollment application is taken by the CCR, the Enrollment Team will need to work with the agent after the enrollment is complete to ensure the commission is transferred properly. |
| No | I can transfer you to a licensed enrollment agent to submit another application for enrollment for you. Please call us back next week to provide the necessary attestation to ensure your enrollment is completed successfully. |
| Neither DCENR nor DDMCO is found | | This is not a TRC 127 situation.  Locate letter in **Last 12 Months of Communications**hyperlink on the **Medicare D Quick Actions**panel in Compass.      If there is no history of the enrollment, **DO NOT**refer the beneficiary to Medicare. | |
| **3** | * In processing your recently submitted enrollment application, we have received a response from Medicare advising that you may have other prescription drug coverage with an employer group, retiree plan or a union group. * These health plan sponsors often provide multiple types of benefits (**Example:** Medical, dental, prescription drug, vision, etc.) as part of the entire benefits package. * If you are a part of an employer group, retiree plan or a union group, you and anyone else covered under your Plan may lose your additional benefits if you continue your enrollment with SilverScript. * Would you like to continue with your enrollment? | | | |
| **If...** | **Then...** | | |
| Yes | Proceed to next step. | | |
| No | By choosing to decline your enrollment, you will not be a part of the SilverScript prescription drug plan. | | |
| **4** | Submit the following **Support Task** in Compass**:**    Click **Create Support Task** button.    **Task Type:**  Enrollment - TRC 127  Complete all required fields marked with an asterisk (\*).    **Task Notes:** The CCR **MUST**include the following pieces of information:   * <Caller’s Name> contacted Customer Care < (if not the beneficiary, provide Legal Rep or POA (full name, address and phone number, and relationship to the beneficiary) on behalf of the beneficiary> before deadline of <insert deadline date here> and they intend to enroll into the requested SilverScript plan. The beneficiary understands the consequences of continuing their enrollment into SilverScript. * (If applicable) The beneficiary’s employer group, retiree plan or union group is discontinuing their prescription drug coverage. | | | |
| **5** | Copy and paste the note from the Support Task into **Edit Comment** button. | | | |

[Top of the Document](#_top)

|  |
| --- |
| Resolution Time |

4 business days

[Top of the Document](#_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)

**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://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/AppData/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**