# Compass MED D - Member Resource Orders (Fulfillment Request)

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**Description:** This document will assist with submitting Medicare Part D Member Resource orders and help to determine if orders should be processed through the Claims Landing Page, Medicare D Landing Page, or Support Task.

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| Member Resource Determination Table |

The following table will advise on which process should be used when requesting member resource items for a beneficiary enrolled in a SilverScript (EGWP and PDP) or Blue MedicareRx (NEJE) plan.

 Before attempting to resolve any fulfillment request, review the CIF to determine if CVS Caremark handles member resource orders for the client.

 For clients other than SilverScript or Blue MedicareRx (NEJE), refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-056893).

If the form is listed, it can be sent to the beneficiary. If not, refer the beneficiary back to the client.

There will be new documents designated for FUTURE YEAR beginning in October. These are abridged formulary, Welcome Kit, Annual Notice of Change and Comprehensive Formulary. These member resources designated as FUTURE YEAR will be available during a particular timeframe (October 1 through December 31 every year) and should be used when selecting member resources for the upcoming plan year. For the rest of the year, Future Year member resources will not be available for CCRs to order.



Review the table below for the order method used for each Member Resource:

* If the Order Method is Member Resources on Medicare D Landing Page, refer to [Viewing and Submitting Member Resource Orders from the Medicare D Landing Page](#_Viewing_and_Submitting).
* If the Order Method is Member Resources on Claims Landing Page, refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-056893).
* If the Order Method is Support Task, refer to [Compass - Create a Support Task](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-050031).

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| **Member Resource Item** | **Order Method** | **Additional Information** |
| Abridged Formulary Packet  Note: If an abridged formulary is requested, the beneficiary will be sent the comprehensive formulary. | EOC, Formulary and Pharmacy Directory Request Portal | Educate beneficiary on accessing the document online.  SSI-  [www.aetnamedicare.com](http://www.aetnamedicare.com/)  Blue MedicareRx (NEJE)- [www.rxmedicareplans.com](http://www.rxmedicareplans.com/)  If the beneficiary declines, submit the request for the beneficiary.  Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b111d6fd-3b4b-42fb-8c0e-157bca94554a). |
| Annual Notice of Change (ANOC) | Future Year ANOC- Member Resources on Medicare D Landing Page (available only October 1- Dec 31)  Current Year ANOC- Swivel to PeopleSafe and submit RM Task. | Educate beneficiary on accessing the document online.  SSI-  [www.aetnamedicare.com](http://www.aetnamedicare.com/)  Blue MedicareRx (NEJE)- [www.rxmedicareplans.com](http://www.rxmedicareplans.com/)  If the beneficiary declines, submit the request for the beneficiary.  **Future Year ANOC Requests:** Future year ANOC’s are only available from October 1 through December 31 of each year for the upcoming plan year.   * Order via **Member Resources** on the Medicare D Landing Page.   **Current** **Year ANOC Requests:** (January 1 through the endof 2024)   * Swivel to **PeopleSafe** and submit the followingRM Task:   **Task Category:** Med D Enrollment - Fulfillment  **Task Type:** Fulfillment Request  **Queue:** Med D Enrollment Task  **Notes:** Include detailed notes:   * + Who is placing the request (**Example:** Beneficiary, POA, AOR or legal representative)   + Item being requested and benefit year (**Example:** Current Year Annual Notice of Change) * Only the ANOC booklet will be sent. * All other items that are included in the ANOC packet should be ordered separately. |
| Appeals Letter  Note: Varies by client. Validate in Plan Design. | Fulfillment Support Task in Compass | Review **Appeals** information in CIF.  If an exception form is required, submit a Fulfillment request in **Compass** using the **Create a Support Task** button.    **Task Type:**  Fulfillment  **Type of Form:**  Appeals Letter  **Task Notes:** Exception form needed (Example: DAW, Tier Exception), prescriber’s name, prescriber’s fax number, name of the medication, and any other information to assist their peers for history and tracking purposes.  An exception form will be sent to the prescriber if this information is included.  Refer to [Compass - Create a Support Task](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-050031). |
| Assignment of Benefits (AOB) Form | Member Resources on Claims Landing Page |  |
| Authorization Release Form   * MedD Appointed Rep Form * Extended-Release Form * One Time Release Form | Fulfillment Support Task in Compass | Submit a Fulfillment request in **Compass** using the **Create a Support Task** button.  **Task Type:**  Fulfillment  **Type of Form:**  Authorization Release Form  **Requested Info:** Choose the form that is needed.  Refer to:   * [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-061884) * [Compass - Create a Support Task](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-050031) |
| Claim Forms | Member Resources on Claims Landing Page |  |
| Claim Form for Compound Prescription | Fulfillment Support Task in Compass | Submit a Fulfillment request using the **Create a Support Task** button.    **Task Type:**  Fulfillment  **Type of Form:**  Claim Form  **Compound Form?** Yes  Refer to [Compass - Create a Support Task](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-050031). |
| Coordination of Benefits Survey Letter | Member Resources on Medicare D Landing Page |  |
| Comprehensive Formulary | EOC, Formulary and Pharmacy Directory Request Portal | Educate beneficiary on accessing the document online.  SSI-  [www.aetnamedicare.com](http://www.aetnamedicare.com/)  Blue MedicareRx (NEJE)- [www.rxmedicareplans.com](http://www.rxmedicareplans.com/)  If the beneficiary declines, submit the request for the beneficiary. Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b111d6fd-3b4b-42fb-8c0e-157bca94554a). |
| Counseling Sheet | Support Task in Compass | Submit a Support Task using the **Create a Support Task** button.    **Task Type:**  Counselling Sheets  Refer to [Compass - Create a Support Task](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-050031). |
| Disenrollment Form | Member Resources on Medicare D Landing Page | Include detailed notes in Case Comments stating the beneficiary/legal representative’s request to disenroll and a disenrollment form needs to be mailed to the Beneficiary with signature requested.  Beneficiary can fax the disenrollment form to SSIC BIZFAX at 1-866-552-6205 OR Blue MedicareRx (NEJE) at JE Fax (866) 342-7048.  CCR needs to educate the beneficiary that submitting the form does not guarantee disenrollment.    **Note:** If the beneficiary advises they have enrolled in another Medicare Part D plan (NOT a SilverScript product) and is requesting a disenrollment form, the CCR will say:  Your enrollment in the other plan may automatically dis-enroll you from the SilverScript or Blue MedicareRx plan. I will send you a disenrollment form. You can fax the form to SilverScript at 1-866-552-6205 OR Blue MedicareRx (NEJE) at (866) 342-7048. |
| Evidence of Coverage (EOC) handbook | EOC, Formulary and Pharmacy Directory Request Portal | Educate beneficiary on accessing the document online.  SSI-  [www.aetnamedicare.com](http://www.aetnamedicare.com/)  Blue MedicareRx (NEJE)- [www.rxmedicareplans.com](http://www.rxmedicareplans.com/)  If the beneficiary declines, submit the request for the beneficiary. Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b111d6fd-3b4b-42fb-8c0e-157bca94554a). |
| Explanation of Benefit (EOB) | ONEclick | Refer to the [Requesting EOB Reprints and Alternate Formats](#_Requesting_EOB_Reprints) section of this document. |
| Extra Bottle | Other | Refer to [Compass - Extra Bottle Requests](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-061358). |
| Financial Statement of Cost (SOC) | Member Snapshot Landing Page | Refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-056893). |
| LIS Rider | Member Resources on Medicare D Landing Page |  |
| Mail Order Form | Member Resources on Claims Landing Page | We include a Refill Order Form and return envelope with outgoing orders only for those beneficiaries that meet one of the following criteria:   * The beneficiary has used a paper order form to initiate a mail service prescription in the past 12 months. * The beneficiary is a first-time user of the mail service pharmacy.     Educate the beneficiary on the option to print the order form from Caremark.com and use the mailing address that is pre-printed on the Order Form.    If the beneficiary declines, submit the request for the beneficiary. |
| Mail Tag | Other | Refer to [Compass MED D - Return Order for Refund - Copay Credit (Formerly Mail Tag Request) CCR & Senior Process](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-061909).  **Note:** Complete any required research to determine if a mail tag applies (Example: Viewing the CIF to determine if the client allows) and use all resources to verify the error. |
| Member Brochure (Getting Started with Mail) | Member Resources on Claims Landing Page |  |
| Non-Childproof Easy Open Caps | Support Task in Compass | Submit a Support Task using the **Create a Support Task** button.    **Task Type:**  Non-Child Proof/Snap Caps  **Note:** “Please send caps out in bag for member.”   * Easy open caps will be sent separately to the beneficiary for the beneficiary to replace the safety caps with easy open caps themselves. * Caps are the easy twist-off type. These caps are NOT the ones that convert from child proof to easy open; they are simply twist on and twist off. Snap off caps are not available. * If the beneficiary has received a prescription from us and is having trouble opening it, direct them to take the bottle to the nearest pharmacy for assistance in opening it.   Refer to [Compass - Create a Support Task](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-050031). |
| Notices of Privacy Practices | Other | Refer to [Request for Privacy Office/Officer](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-002186). |
| Package Insert | Fulfillment Support Task in Compass | Member requests the package insert included by the manufacturer be sent.    Submit a Fulfillment request using the **Create a Support Task** button.    **Task Type:**  Fulfillment  **Type of Form:**  Package Insert  Choose appropriate pharmacy from the **Dispensing Pharmacy**drop-down menu.  Refer to [Compass - Create a Support Task](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-050031). |
| Part D IRMAA letter ID S026 | Member Resources on Medicare D Landing Page |  |
| Pharmacy List Directory | EOC, Formulary and Pharmacy Directory Request Portal | Educate beneficiary on accessing the document online.  SSI-  [www.aetnamedicare.com](http://www.aetnamedicare.com/)  Blue MedicareRx (NEJE)- [www.rxmedicareplans.com](http://www.rxmedicareplans.com/)  If the beneficiary declines, submit the request for the beneficiary.  Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b111d6fd-3b4b-42fb-8c0e-157bca94554a). |
| Plan Star Ratings | Member Resources on Medicare D Landing Page |  |
| Prepaid Envelopes | CIF | Some clients have a custom process in which we can request postage paid envelopes be sent to beneficiary. For instructions on how to submit these requests, refer to the Client Specific Process section in the CIF. |
| Replacement ID card | Member Resources on Medicare D Landing Page | * Beneficiaries may be able to order replacement ID cards through the IVR. * Beneficiaries will receive the Replacement ID Card within 15 business days. * Third party callers that are authenticated can request a replacement ID card if the ID card goes to the primary address. |
| Summary of Benefits | Member Resources on Medicare D Landing Page |  |
| Web Portal Brochure | Caremark.com |  |
| Welcome Kit- Current Year | Member Resources on Medicare D Landing Page | Included in Welcome Kit:   * Member ID Card * Pharmacy Directory * Formulary * Evidence of Coverage |

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| Viewing and Submitting Member Resource Orders from the Medicare D Landing Page |

ALL MED D items are sent to the MAILING address. The beneficiary cannot have, for example, the Premium Bill sent to one address and the EOB sent to another address.

The following process is only used for SilverScript or Blue MedicareRx (NEJE) clients and those clients who have contracted for SilverScript LLC or Blue MedicareRx (NEJE) to handle their fulfillment requests. Before attempting to resolve any fulfillment request, review the CIF to determine if CVS Caremark handles member resource orders for the client.



Follow the steps below:

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| **Step** | **Action** | | |
| **1** | From the Medicare D Landing Page, click the **Member Resources** tab from the center panel. | | |
| **2** | Review the **Member Resource Order History** section to verify that the **Resource** item has not already been requested.      **Notes:**   * “No Records Found” message displays when there is no order history. * To sort records by **Request Date** or **Resource** click on the column header. | | |
| **3** | Navigate to the **New Member Resource Order** section located below Member Resource History and select the Resource needed:   * Determine Resource item needed, then select the appropriate option from the **Resource** drop-down menu.   **Note:**   * + Resources available from the **Resource** drop-down menu are determined by client.   + The **Add Resource** button is disabled until an item is selected from the **Resource** drop-down menu.      * Click **Add Resource** button.     **Result:** The selected Resource will move to the order table below. | | |
| **4** | If additional Resources are needed, repeat the above steps.  **Note:**   * If adding more than three items to the New Member Resource Order, the **Add Resource** button is disabled and the following error message displays: “Only 3 resources can be ordered at a time.” To order additional Resources, you must place another order. * Remove resources from the order by clicking the **Remove** hyperlink in the **Action** column. * Click the **Cancel** button to remove all Resources from the list. | | |
| **5** | Verify the beneficiary’s address listed under the **Mailing Address** heading, next to the **Resource** drop-down menu.  The Mailing Address listed is the Med D mailing address on file in Facets. Updating the address on the Member Snapshot Landing Page will NOT update the Med D mailing address in Facets.   * If the beneficiary requests the item(s) be shipped to a location other than what is listed, determine who the client is. | | |
| **If…** | **Then…** | |
| SilverScript (x9110) or NEJE | From the **Medicare D Quick Actions** panel on the Medicare D Landing page, click the **RxEnroll Care** hyperlink.    **Result:** RxEnroll Care opens in a separate browser window.  Refer to the “Address Changes Using RxEnroll Care” section of [Compass MED D - Address Changes and Out of Area (OOA)](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-061760) as needed to update the Med D mailing address in RxEnroll Care.  Once address has been updated in RxEnroll Care, return to the **New Member Resource Order** section and click the **Refresh** icon to update the mailing address for the order.    Proceed to the next step. | |
| Health Plans or EGWP | Refer to the CIF to determine who handles permanent address changes that have a direct impact on Med D enrollment and eligibility. | |
| **If…** | **Then…** |
| Client | Follow direction provided in CIF. |
| SSI | From the **Medicare D Quick Actions** panel on the Medicare D Landing Page, click on the RxEnroll Care hyperlink.    **Result:** RxEnroll Care opens in a separate browser window.  Refer to the “Address Changes Using RxEnroll Care” section of [Compass MED D - Address Changes and Out of Area (OOA)](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\TSRC-PROD-061760) as needed to update the Med D mailing address in RxEnroll Care.  Once address has been updated in RxEnroll Care, return to the **New Member Resource Order** section and click the **Refresh** icon to update the mailing address for the order.    Proceed to the next step. |
| **6** | Once all requested Resources have been added and correct address confirmed, click **Submit**.  **Result:** A green banner displays at the top with the following message: “## Medicare D resource(s) submitted successfully.” ## Will be replaced with the number of resources you submitted in the order.      **Notes:**   * If submission was partially successful, the following message will display: “## Medicare D resource(s) submitted. Some of the selected items can not be saved.” * If submission was not successful, the following message will display: “The selected Medicare D resource(s) could not be saved.” * Turn Around Time is 15 business days. | | |

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| Canceling a Medicare D Member Resource Order |

Follow the steps below:

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| **Step** | **Action** |
| **1** | From the Medicare D Landing Page, click the Member Resources tab from the center panel. |
| **2** | Locate the Member Resource Order History section and click the **Cancel Order** hyperlink in the Action column.  **Note:**Only requests with a status of **Pending** can be canceled.    **Result:**A Cancel Order confirmation popup displays. |
| **3** | Confirm the displayed Member Resource order should be canceled, then click **Yes**.    **Result:**A Confirmation message displays when the order is successfully canceled.    **Notes:**   * To return to the prior screen without canceling the order, click **No**. * An error message will display if a system error occurs. Go back to Step 2 and try again. |

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| Plan Materials in Accessible Formats and/or Non-English Languages |

Beneficiaries may request plan materials in an accessible format and/or non-English language.

**For Health Plan Clients only:** Before requesting any plan materials, the CCR will review the CIF to determine if CVS Caremark handles the plan materials for the client.

**Exception:** ForPremium Billing Invoices, refer to:

* [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4)
* [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22)

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | Do you neeed your materials in an accessible format or non-English language? | | |
| **If…** | | **Then…** |
| Accessible Format | | Proceed to [Step 3](#ALT). |
| Non-English Language  **Note:** NEJE does not offer materials in Non-English languages. | | Proceed to [Step 4](#LANG). |
| **2** | Review Account Executive Consideration Support Task History to determine if a standing Accessible Format or Non-English language request has been processed.  Refer to [Compass - View Support Task History](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1674c564-fc41-42ad-a7c2-f3b610716cba). | | |
| **If…** | | **Then…** |
| Yes | | Advise the beneficiary that future documents will come in their requested format.  If the beneficiary has a one-time request for a previously sent document, proceed to the next step. |
| No | | Proceed to the next step. |
| **3** | In what accessible format do you need this letter? (Large print, Braille, Audio CD, or Data CD)  I would be happy to submit your request. Is this a one-time request or a standing request?  **Health Plans Only, for Standing Requests:** Please contact your plan to make them aware of your standing request. | | |
| **If…** | **Then…** | |
| One-Time Request | Accessible formats can be requested only after a beneficiary has received the original letter, which is used to generate the accessible format version of the letter. Do NOT send requests asking for future letters to be sent in accessible formats.  Submit a Support Task using the **Create a Support Task** button.  **Task Type:**  Account Executive Consideration  **Reason:** Med D Letter Reprint  **Original Letter Received:** Yes  **Original Letter Date:** Enter the date of the original letter  **Letter Type:** Select resource to order in alternate format. Refer to [AE Support Task](#_AE_Support_Task).  **Alternate/Accessible Format:** Choose the alternate format from the drop-down. Refer to [AE Support Task](#_AE_Support_Task).  **Notes:**   * One-time Request * Confirmed the beneficiary received the original letter   **Turn Around Time:** 20 business days.  Proceed to [Step 4](#STEP3). | |
| Standing Request | **Health Plans Only, for Standing Requests:** Please contact your plan to make them aware of your standing request.  **For Reprints:** Refer to [One-Time Request](#OneTime).  Submit a Support Task using the **Create a Support Task** button.  **Task Type:**  Account Executive Consideration  **Reason:** Med D Letter Reprint  **Letter Type:** Select resource to order in alternate format. Refer to [AE Support Task](#_AE_Support_Task).  **Alternate/Accessible Format:** Choose the alternate format from the drop-down. Refer to [AE Support Task](#_AE_Support_Task).  **Notes:** Standing Request  **Turn Around Time:** 20 business days.  Proceed to [Step 4](#STEP3). | |
| **4** | In what language do you need this letter?  I would be happy to submit your request. Is this a one-time request or a standing request?  **Health Plans Only, for Standing Requests:** Please contact your plan to make them aware of your standing request.  **Note:** NEJE does not offer materials in non-English languages.  **For Non-English language requests:**   * Interpretation should be offered during the call. Refer to [MED D - Language Assistance - Language Line Services](file://C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Downloads\CMS-2-028005). * Printed materials should not be offered to the beneficiary, however, if the beneficiary asks for printed materials, proceed to the following. | | |
| **If…** | | **Then…** |
| One-Time Request | | * I would be happy to submit your request. * However, if the requested language is not one of the required languages by CMS or the Medicare-Medicaid state agency, we will fulfill your one-time request.   Interpretation should be offered during the call. Refer to [MED D - Language Assistance - Language Line Services](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\CMS-2-028005).  Non-English languages can be requested only after a beneficiary has received the original letter, which is used to generate the non-English language version of the letter. Do NOT send requests asking for future letters to be sent in a Non-English language.  Submit a Support Task using the **Create a Support Task** button.  **Task Type:**  Account Executive Consideration  **Reason:** Med D Letter Reprint  **Letter Type:** Select resource to order in non-English language. Refer to [AE Support Task](#_AE_Support_Task).  **Alternate/Accessible Format:** Choose **Non-English Language** from the drop-down.  **Non-English Language Field:** Include language the beneficiary is requesting  **Notes:**   * One-time Request * Confirmed the beneficiary received the original letter * Make a note of the non-English language the beneficiary is requesting   **Turn Around Time:** 20 business days.  Proceed to [Step 4](#STEP3). |
| Standing Request | | **Health Plans Only, for Standing Requests:** Please contact your plan to make them aware of your standing request.  I would be happy to submit your request.  Interpretation should be offered during the call. Refer to [MED D - Language Assistance - Language Line Services](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U1QX4D53\CMS-2-028005).  **For Reprints:** Refer to [One-Time Request](#OneTimeLang).  Submit a Support Task using the **Create a Support Task** button.  **Task Type:**  Account Executive Consideration  **Reason:** Med D Letter Reprint  **Letter Type:** Select resource to order in non-English language. Refer to [AE Support Task](#_AE_Support_Task).  **Alternate/Accessible Format:** Choose **Non-English Language** from the drop-down.  **Non-English Language Field:** Include language the beneficiary is requesting  **Notes:**   * Standing Request * Make a note of the non-English language the beneficiary is requesting   **Turn Around Time:** 20 business days.  Proceed to [Step 4](#STEP3). |
| **4** | Explain next steps.  You should receive the requested format of your letter within 20 business days.  **Health Plans only, for Standing Requests:** Please contact your plan to make them aware of your standing request. | | |

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| Scenario Guide |

Refer to the following scenarios as needed:

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| **Scenario** | **Action** |
| You are on the **Member Resources** tab on the Medicare D Landing Page and you need to order additional Member Resources not available from the Medicare D Landing Page.  **Examples:** Claim Form, Mail Service Order Form, Authorization Release Form, Caremark.com Brochure, Appeals Form, Drug Lists etc. | From the **Member Resources** tab on the Medicare D Landing Page, the following message will display:  “Other member resource orders can be **completed here**”  Click the blue **completed here** hyperlink.  **Result:** The Member Resources tab from the Claims Landing Page will display. Refer [Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests](C:\\Users\\C337799\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\U1QX4D53\\TSRC-PROD-056893) as needed to place order for these Member Resources.    **Notes:**   * A **Tool Tip** icon displays the following message: “Examples of member resources that can be ordered include: Claim Forms, Drug Lists, and Mail Order Service Forms" * If the beneficiary does not have eligibility in RxClaim (including if they only have future eligibility in FACETS), the link and Tool Tip message will not display. |
| You are on the **Member Resources** tab accessed via the Claims Landing Page and you need to order Medicare D Member Resources not available from the Claims Landing Page.  **Examples:** Annual Notice of Change (ANOC), Disenrollment Form, LIS Rider etc. | From the **Member Resources** tab accessed via the Claims Landing Page, the following message will display:  “Medicare D member resource orders can be **completed here**”  Click the blue **completed here** hyperlink.  **Result:** Member Resources on the Medicare D Landing Page will display. Refer to the [Viewing and Submitting Member Resource Orders from the Medicare D Landing Page](#_Viewing_and_Submitting) section of this document.    **Note:**   * A **Tool Tip** icon displays the following message: “Examples of Medicare D member resources that can be ordered include: Annual Notice of Change (ANOC), Disenrollment Form, LIS Rider, and Replacement ID Card” * If beneficiary does not have eligibility in Facets, link and Tool Tip message will not display. |

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| AE Support Task |

When submitting an Account Executive Consideration Support Task, the following options are available:

|  |  |
| --- | --- |
| **AE Task List** | **Options** |
| **Letter Type** | * Abridged Formulary Packet * Annual Notice of Change * Comprehensive Formulary * Coordination of Benefits Survey Letter * Disenrollment Form * Evidence of Coverage Replacement * Explanation of Benefits * IRMAA Letter ID S026 * LIS Rider * Pharmacy List Directory * Plan Star Ratings * Premium Invoice Request * Replacement ID Card * Summary of Benefits * Welcome Kit |
| **Accessible Formats** | * Large Print * Braille * Data CD * Audio CD * Spanish * Non-English Language |

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| Related Documents |

**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://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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