# Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks

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| Overview |

MED D CCRs should use this document as a guide for enrollment related Support Tasks within Compass. For all other Support Tasks, refer to [Compass - Support Task Types and Uses](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1).

 **For Health Plans, refer to CIF for direction. Do NOT use the Support Tasks within this document.**

**Notes:**

* When speaking with the beneficiary state that you are submitting a request for their account to be researched, rather than I am creating a Support Task.
* Support Tasks that are submitted are **NOT** sent directly to Medicare to review.

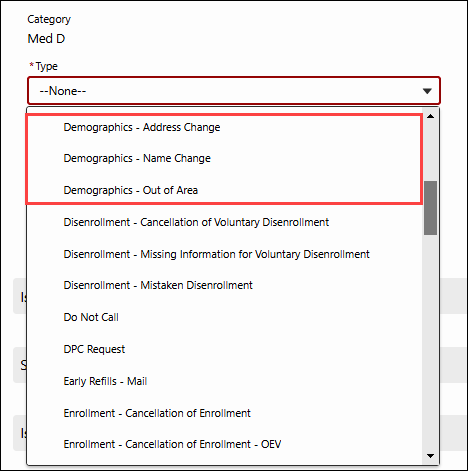
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| Support Task Breakdown |

Below is a list of Support Tasks that are available in Compass for Med D Care Representatives (CCRs):

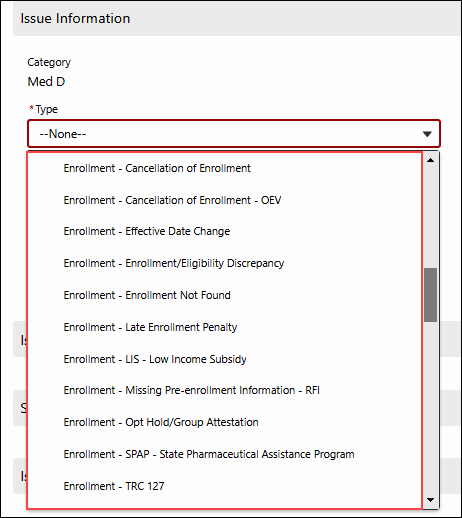
**Demographic**

* Address Change
* Out of Area
* Name Change



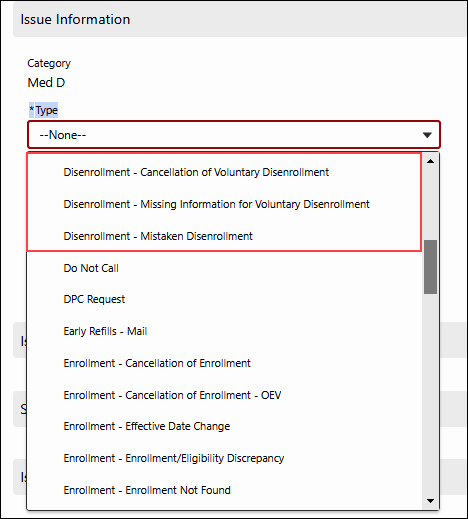
**Enrollment**

* Cancellation of Enrollment
* Effective Date Change
* Enrollment Not Found
* Enrollment/Eligibility Discrepancy
* LIS - Low Income Subsidy
* Missing Pre-enrollment Information - RFI
* Opt Hold/Group Attestation
* SPAP - State Pharmaceutical Assistance Program



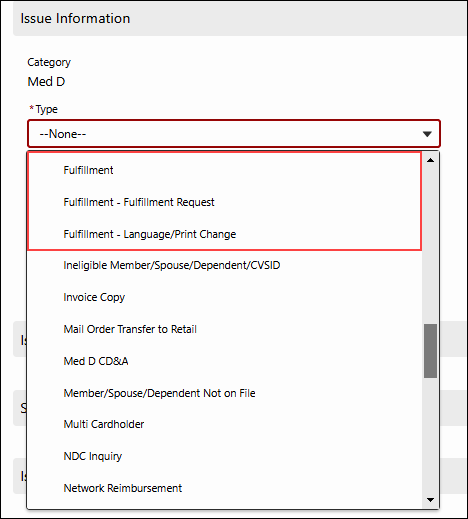
**Disenrollment**

* Cancellation of Voluntary Disenrollment
* Missing Information for Voluntary Disenrollment
* Mistaken Disenrollment



**Fulfillment**

* Fulfillment Request
* Language/Print Change



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| Required Fields within the Support Task/Additional Information |

[Status Updates/Resolution of Support Tasks](#_Status_Updates/_Resolution)

[Alternate Format (i.e., Language/Print Change) Requests](#AltForm)

[Verbal Attestation](#_Verbal_Attestation)

[Contract and PBP ID](#ContractPBP)

[Address Change](#_Address_Change)

[State Field - next to Date of Birth](#_RM_Task_Reference)

Use as needed:

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| Status Updates/Resolution of Support Tasks | Once a task has been submitted, CCRs must review the Medicare D Tab in Compass to determine resolution (i.e., status) of tasks.  Status updates/resolution will **NOT** display within the task itself. |
| Alternate Format (i.e., Language/Print Change) Requests | Refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662). |
| Verbal Attestation This is only applicable for POA and Authorized Representative Attestations | Verbal attestation is a **required** field for all Enrollment-related Support Task types.  This field is referring to the standard verbal attestation provided by a power of attorney or authorized representative, which is providing any information related to the beneficiary. This attestation is required for anyone, even if they do not have a Power of Attorney or Authorized Representative on File.  Refer to [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) and [MED D - Obtaining a Verbal Attestation from an Authorized Representative](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\TSRC-PROD-024341).  **CCR Process Note:** If caller verbally attests to being the legal representative, the CCR must state the following disclaimer, select **Yes** in the Verbal Attestation field of the Support Task, and document in Support Task Notes the Name, Address, and Phone # of the caller: |
| Contract and PBP ID | When a beneficiary is not found eligible in Compass, then the contract ID or PBP ID does not auto populate in Support Task.   * This is a required field so CCRs must input the correct information within the Support Task.   **Note:** Contract ID should only be S2893 (NEJE) or S5601 (SSI). PBP ID must be 3-digits.  Refer to the following for NEJE PBP IDs:   * 001 for Value Plus * 003 for Premier * 801 for EGWP   **Note:** The **entire** contract number and **entire** PBP needs to be entered when submitting Support Tasks.  CCRs should obtain this information from the Medicare D Landing Page while creating the Support Task. Refer to [Compass MED D - Medicare D Landing Page](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a2168484-0af3-4e35-88f0-1110e61c4868).    **Note:** CCRs must ensure the cursor is at the beginning of the field to input text. If unable to enter text, hit backspace multiple times until the text can be entered.  Medicare D Landing Page - **Plan Details** section:    If unable to find Contract ID and PBP ID in Compass, refer to **FAZAL**:  **Note:** This process is for **NEJE only**.   * Search beneficiary by **MBI** and click **Submit**.     **Result:** The following screen displays:     * **Company** and **Product** fields reference the Contract ID:   + NEJE = S2893 * The first three numbers in **Plan Name** field are the PBP ID.   + **Example:** Plan Name = 001 VPLUS, so PBP ID is 001. |
| Address Change | For Address Change Tasks Only:   * The Address Change box needs to be selected to fit the correct situation:   + Mailing Address     - For temporary address changes (less than 12 months), ALWAYS select Mailing Address   + Permanent & Mailing: Should be used when permanent and mailing address are the same address.   **Note:** If Permanent Address change results in an out of area move, proceed to [OOA Involuntary](#_Out_of_Area_1) to submit an OOA Support Task. Do not submit an Address Change Support Task.   * + Permanent Address * CCRs must manually check **Old** and **New** Address fields in Support Task to ensure the correct addresses are being documented.   **Note:** If the beneficiary is updating multiple addresses (i.e., permanent and mailing address that are different), CCRs should submit Mailing Address Support Task **AND** Permanent Address Support Task separately.   * Include confirmation of the address type (Mailing Only, Permanent Only) in the Support Task note. * Phone number needs to be added to task and documented in the task notes if this number is different from what is on file.   + If it is not updated, CCR must note why they were not able to update the phone number on file. |

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| Task Type: Demographic |

[Address Change](#_Address_Change_1)

[Out of Area](#_Out_of_Area)

[Name Change](#_Name_Change)

Use as needed:

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| **Topics** | **Actions** | **Support Task** | |
| Address Change Refer to [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) work instruction.  **Note:** Always use the RxEnroll Care link located on the Medicare D Tab of Compass unless there is a system issue. | Permanent Address update is needed. | If the Permanent address is… | |
| **If Region…** | **Then…** |
| **Same state** and/or **region**  **OR**  **Different state** but **same region** | **Task Type:** Demographics – Address Change  **Notes:**   * Beneficiary confirmed that they permanently live at <insert complete permanent address> * <Include old permanent address> * Include phone number * Direct Enrollment Team to complete additional research |
| **In a different Region** | **Task Type:** Demographics – Out of Area  **Notes:**   * Per beneficiary updated profile with new permanent address (include complete new address) and mailing address * New address is out of the current service area (Region). * <Include old address> * Include phone number * Informed the beneficiary that they will be involuntarily disenrolled at the end of the month. * Transferred to enrollment specialists for new enrollment * Confirmed beneficiary out of area. |
| **No Residential Address, PO Box is a valid address** | **Task Type:** Demographics – Address Change  **Notes:** Document in the notes:   * Note must include that beneficiary has no residential address and ONLY has a P.O. Box address or verbally verified they live in the Service Area where the P.O. Box is located. * Beneficiary’s Permanent (Home or Primary) Address was changed on MM/DD/YYYY from <OLD Address> to <NEW Address> as requested by <caller>.   **Exception:** NEJE beneficiaries may have a PO Box for mailing address but not permanent address. |
| Moved to an area where SilverScript and/or Blue MedicareRx (NEJE) is NOT provided (i.e., Canada).  Refer to [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183). | **Task Type:** Demographics – Out of Area  **Notes:** Include the following notations:   * Per beneficiary updated profile with new address (include old and new address) * New address is outside of the country. | |
| Incarcerated  Refer to [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183). | **Task Type:** Demographics – Out of Area  **Notes:** Include the following notations:   * Who confirmed the incarceration (if provided by someone other than the beneficiary, obtain contact information including:   + Name   + Address   + Phone # * Start date of the incarceration (if provided by the caller) (MM/YY) * End date of the incarceration (if provided by the caller) (MM/YY) * Direct Enrollment Team to complete additional research to confirm the disenrollment due to incarceration. | |
| Out of Area Response to OOA Letter/Undeliverable Mail  Refer to [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) work instruction.  **Note:** Always use the RxEnroll Care link located on the Medicare D Tab of Compass unless there is a system issue. | The same permanent address and **no changes** need to be made | **Task Type:** Demographics – Out of Area  **Notes:**   * Beneficiary confirmed that they permanently live at <insert complete permanent address> * Include complete (Street number, Street Name, City, State and Zip Code) OLD and NEW addresses * Include complete Contact number (Area Code) 7-digit phone number * Direct Enrollment Team to resolve OOA workflow in Exception Management Application (EMA) as Confirmed in Area. | |
| Permanent Address update is needed. | If the Permanent address is… | |
| **If…** | **Then…** |
| **Same state** and/or **region**  **OR**  **Different state** but **same region** | **Task Type:** Demographics – Out of Area  **Notes:**   * Beneficiary confirmed that they permanently live at <insert complete permanent address> * <Include old permanent address> * Include phone number * Direct Enrollment Team to complete additional research before resolving the OOA workflow in Exception Management Application (EMA) as Confirmed In Service Area. |
| **In a different Region** | **Task Type:** Demographics – Out of Area  **Notes:** Per beneficiary updated profile with new permanent address (include complete new address) and mailing address   * New address is out of the current service area (Region). * <Include old address> * Include phone number * Informed the beneficiary that they will be involuntarily disenrolled at the end of the month. * Transferred to enrollment specialists |
| A complete **mailing** address update only is needed | **Task Type:** Demographics – Address Change  **Notes:**   * Beneficiary confirmed that they permanently live at <insert complete permanent address> * Beneficiary provided new mailing address of <insert complete mailing address> * <Include old mailing address> * Include phone number * Direct Enrollment Team to resolve OOA workflow in Exception Management Application (EMA) as Confirmed In Area. | |
| Incarcerated | **Task Type:** Demographics – Out of Area  **Notes:**   * Per <insert name of person who confirmed> beneficiary is currently incarcerated. * Indicate the approximate start date of incarceration. * Indicate the facility the beneficiary is currently incarcerated in. * Direct Enrollment Team to complete additional research before resolving the OOA workflow in Exception Management Application (EMA) as appropriate. | |
| Moved to an area where SilverScript and/or Blue MedicareRx (NEJE) is **NOT** **provided** (i.e., Canada). | **Task Type:** Demographics – Out of Area  **Notes:**   * Per beneficiary updated profile with new permanent and mailing address (include complete new address) * New address is out of the current service area (Region). * <Include old permanent and mailing address> * Direct Enrollment Team to resolve OOA workflow in Exception Management Application (EMA) as appropriate. | |
| Name/DOB/MBI Change | If the beneficiary’s Name or DOB or MBI is **incorrect** in **MARX**, the beneficiary **must contact Social Security** at **800-772-1213** to have that corrected. Do NOT submit a Support Task.  If the beneficiary’s Name or DOB or MBI is **correct** in **MARX** but **incorrect** in **Compass**, then the CCR will submit the Support Task. | **Task Type:** Demographics – Name Change  **Notes:** Document detailed information in the notes (name changes, DOB changes, MBI changes).   * Include confirmation of name change in MARx | |

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| Task Type: Enrollment |

[Cancellation of Enrollment](#_Cancellation_of_Enrollment)

[Effective Date Change](#_Effective_Date_Change)

[Late Enrollment Penalty](#_Late_Enrollment_Penalty)

[Low Income Subsidy](#_Low_Income_Subsidy)

[Missing Pre-Enrollment Information](#_Missing_Pre-Enrollment_Information)

[Opt Hold/ Group Attestation](#_Opt_Hold/_Group)

[TRC 127](#_TRC_127)

[SPAP](#_SPAP)

[Enrollment Not Found](#_Enrollment_Not_Found)

[Enrollment/Eligibility Discrepancy](#_Enrollment/Eligibility_Discrepancy)

Use as needed:

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| **Topics** | **Actions** | **Support Task** |
| Cancellation of Enrollment Refer to [Compass MED D - Cancellation of Enrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d279a5a4-7ee1-4d5e-a3f7-9f4e71c86efb) for appropriate process.  **Confirm effective date.**  **Example:**   * If beneficiary calls on January 2 and effective date is February 1, this is a cancellation of enrollment * If beneficiary calls on January 2 and effective date is January 1, this is a disenrollment. | Cancel Enrollment | **Task Type:** Enrollment - Cancellation of Enrollment  Complete all Required Information marked with an asterisk (\*)  **Task Notes:**   * “<Todays Date> <Caller’s Name> is requesting to cancel their enrollment request effective xx/xx/xxxx” * If Caller is attesting to authority to speak on behalf of the beneficiary, include caller's first name and last name, caller's address and caller's phone number in the case comments. |
| Cancel Enrollment with Opt Out Language | **Task Type:** Enrollment - Cancellation of Enrollment  Complete all Required Information marked with an asterisk (\*)  **Task Notes:**   * “<Todays Date> <Caller’s Name> is requesting to cancel their enrollment request effective xx/xx/xxxx. Beneficiary understands the consequences of choosing to opt out of the auto-enrollment process” * If Caller is attesting to authority to speak on behalf of the beneficiary, include caller's first name and last name, caller's address and caller's phone number in the case comments. |
| Cancellation of Enrollment Due to Outbound Enrollment Verification (OEV) Letter | **Task Type:** Enrollment - Cancellation of Enrollment OEV  Complete all Required Information marked with an asterisk (\*)  **Task Notes:** Document detailed information relating to the request.  If beneficiary calls in response to an OEV letter and decides to cancel the enrollment, the CCR should notate reason for cancellation (DOEVL Letter).  **Example:**  Beneficiary’s enrollment was effective 05/01/2015 with an app date of 04/30/2015. The OEV letter gives the beneficiary until 05/14/2015 to CANCEL the enrollment. |
| Effective Date Change Refer to [Compass MED D - Request to Change Enrollment Effective Date](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ce4bd12-0217-4438-8b51-bd3cbf727a42). | Make **NO** guarantees that the effective date will be changed | **Task Type:** Enrollment -Effective Date Change  **Notes:** Include the following:   * Document the date the beneficiary is requesting as a new effective date. * Include the reason for the request |
| Late Enrollment Penalty Refer to the [Compass MED D - Late Enrollment Penalty (LEP) Attestation and Appeals](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f57a4f76-7822-4cff-90ed-1aa5c31cf780) work instruction.  **Note:** Always use the RxEnroll Care link located on the Medicare D Landing Page of Compass unless there is a system issue or you have not been trained in RxEnroll Care. | Attest to Coverage | **Task Type:** Enrollment **-** Late Enrollment Penalty  **Notes:** Document details in the task note to include:   * The source of the beneficiary’s creditable prescription drug coverage (i.e., employer group, SPAP, Tricare/VA, etc.)   + Include the **beginning month/year, ending month/year of the creditable coverage**.   + Month & Year are required fields * Notate if the beneficiary never had creditable coverage. |
| Discrepancies in covered or uncovered months | **Task Type:** Enrollment **-** Late Enrollment Penalty  **Notes:** Document details in the task note to include:   * The source of the beneficiary’s creditable prescription drug coverage (i.e. employer group, SPAP, Tricare/VA, etc.)   + Include the **beginning month/year, ending month/year of the creditable coverage**.   + Month & Year are required fields |
| LEP Reconsideration Packet  Validate the beneficiary’s address | **Task Type:** Enrollment **-** Late Enrollment Penalty  **Notes:** Document that you have validated the beneficiary’s address   * Ensure the request for a reconsideration packet is clearly stated in the task note. |
| Low Income Subsidy **Refer** to: [Compass MED D - Low Income Subsidy (LIS) Informational Overview](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e)  OR  [Compass MED D - Blue MedicareRx (NEJE) Low Income Subsidy (LIS) Dispute & Best Available Evidence (BAE) - Process for Urgent Need of Medication](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=b1256183-c0f5-4f70-b195-1d4316a04c28)  [Compass MED D - Specialized Member Services Team (SMST) - Low Income Subsidy (LIS) Dispute & Best Available Evidence (BAE) - Process for Urgent Need of Medication](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=9b4aeb3b-98e5-4e11-a3f9-445a44735461)  **ALWAYS CHECK MARx** for beneficiary’s LIS Status. If no access to MARx warm transfer to Senior Team with access. | LIS status **is Displaying and** the beneficiary states it is **NOT** **correct OR** **NOT displaying** | **Task Type:** Enrollment - LIS – Low Income Subsidy  **Notes:**   * Indicate SSI or NEJE * Beneficiary has 3 day supply or less of medication * Beneficiary accepted or denied temporary LIS * Document one of the following:   + Beneficiary has evidence   + Beneficiary does not have evidence   + Beneficiary is stating they have a different LIS level.   + Beneficiary has been informed to submit BAE documentation or has been advised CMS will conduct a review on if they qualify for subsidy. |
| LIS Update - Compass to Match MARx | **Task Type:** Enrollment - LIS – Low Income Subsidy  **Notes:** Document all details in the task note. Verified in MARx the correct LIS level and the beneficiary has provided the correct amount. |
| Missing Pre-Enrollment Information Refer to [Compass MED D - Incomplete Enrollments (ICE) or Enrollments with Missing Information](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c31eec52-fb25-4867-9693-4b5129d67190) work instructions.  **Note**: If beneficiary is not in Compass, ensure that **ALL** missing information is obtained and updated within FAZAL. Ensure that **ALL** missing information is obtained. | Responding to a letter or phone call requesting more information to process enrollment. | **Task Type:** Enrollment - Missing Pre-enrollment Information - RFI  **Notes:** Document detailed information in the task note to include:   * Submitter’s name * Beneficiary name * “G” Number * Invalid MBI * Valid MBI * Invalid DOB * Valid DOB * Phone number   **OR**   * If applicable, reason for SEP and SEP date. * **Example:** For losing Employer coverage - beneficiary must also provide the date they lost or will lose employer coverage. * Primary Physical Address * Mailing Address   The following details **MUST** be included:   * Caller Status (Beneficiary, POA, Legal Representative and/or SHIP Counselor) * If POA, LR or SHIP Counselor the CCR MUST include the following:   + FULL NAME of POA, LR or SHIP Counselor   + Mailing Address   + Telephone number   **CCR Process Note:** If the beneficiary is not yet loaded in **FACETS**, the following identifiers MUST be included in the **Support Task:**   * Full Name * DOB * MBI * Address * Telephone number |
| No Residential Address, PO Box is address - Beneficiary responding to a letter or phone call requesting more information to process enrollment | **Task Type:** Enrollment - Missing Pre-enrollment Information - RFI  **Notes:** Document detailed information in the task note to include:   * Beneficiary verbally attests they live in same area where the P.O. Box is.   **CCR Process Note:** If the beneficiary is not yet loaded in **FACETS**, the following identifiers MUST be included in the **Support Task:**   * Full Name * DOB * MBI * Address * Telephone number |
| Opt Hold/Group Attestation Referto[Compass - MED D - Specialized Member Services Team (SMST) - EGWP Opt Hold Release Process in FAZAL](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c29dcee-9c67-42b2-b1ec-1a8725b1c6ba) work instructions.  **Confirm** the beneficiary is not on hold for TRC 127 prior to submission of Attestation in Fazal. | Attests | **Task Type:** Enrollment - Opt Hold/Group Attestation  Complete all Required Information marked with an asterisk (\*)  **Opt Hold/Group Attestation:** Yes - process the enrollment  **Task Notes:** Include the following: The beneficiary DOES want the Plan and attests that they want the enrollment released to CMS before the 21 day hold period ends. |
| Does Not Attest | **Task Type:** Enrollment - Opt hold/Group Attestation  Complete all Required Information marked with an asterisk (\*)  **Opt Hold/Group Attestation:** No - cancel the enrollment  **Task Notes:** Include the following: The beneficiary DOES NOT want the Plan, and they want to Opt Out of the plan before the 21 day hold period ends. |
| TRC 127 Refer to:  [Compass MED D - Blue MedicareRx (NEJE) - Enrollee Attestation for Future Enrollment (TRC 127 Attestation)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=d2f57622-7ba9-4356-9760-0983b9d465d8)  [Compass - MED D - Specialized Member Services Team (SMST) - Enrollee Attestation for Future Enrollment (TRC 127 Attestation)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1157db20-0e49-4a16-8dea-6ef1a0d47510)    **Note:** Always use the RxEnroll Care link located on the Medicare D Inquiry Tab of Compass unless there is a system issue or you have not been trained in RxEnroll Care. | If beneficiary wants to continue with the enrollment | **Task Type:** Enrollment **-** TRC 127  The CCR **MUST**include the following pieces of information:   * Caller’s Name * Deadline Date * <Caller’s Name> contacted Customer Care < (if not the beneficiary, attestation of POA **MUST** be included with address and phone number of caller) on behalf the beneficiary> before deadline of <insert deadline date here> and they intend to enroll into the requested <SilverScript or Blue MedicareRx (NEJE)> plan. The beneficiary understands the consequences of continuing their enrollment into <SilverScript or Blue MedicareRx (NEJE)>. * (If applicable) The beneficiary’s employer group, retiree plan or union group is discontinuing their prescription drug coverage. |
| If beneficiary does not want to continue with enrollment (Denial) | **Task Type:** Enrollment **-** TRC 127  The CCR **MUST**include the following pieces of information:   * Caller’s Name * Deadline Date   <Caller’s Name> contacted Customer Care < (if not the beneficiary, attestation of POA **MUST** be included with address and phone number of caller) on behalf the beneficiary> before deadline of <insert deadline date here> and “Beneficiary has chosen to decline enrollment into SSIC Part D Plan. |
| SPAP Refer to [Compass MED D - Handling State Pharmaceutical Assistance Program (SPAP) Calls](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3bc517e5-7747-419a-a106-523403d686dc) | The CCR **MUST** review the appropriate CIF and all related work instructions prior to sending this Support Task. | **Task Type:** Enrollment -SPAP - State pharmaceutical Assistance Program  **Notes:** Include the following:   * <Client Code: Name of SPAP> * Detailed notes regarding the beneficiary’s SPAP inquiry |
| Enrollment Not Found Refer to:   * [Compass MED D - SilverScript - Resolution of Eligibility](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3498d644-ecdb-4bb5-8b04-fe1a1fbd7ee5) * [MED D - Blue MedicareRx (NEJE) - Real Time Resolution of Eligibility](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\TSRC-PROD-030308) | * Check FAZAL and Marx if no enrollment and the enrollee is not in our plan in Marx. * Offer to take a **new** enrollment if there is a valid election period. * Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP)](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\CMS-PCP1-040036)   **CCR Process Note:** If enrollment is for an **EGWP** client, have the enrollee contact their benefit coordinator. | **Task Type:** Enrollment- Enrollment Not Found  **Notes:** Document that no enrollment was found in FAZAL and Marx.  Include any additional information provided by the beneficiary related to their call. |
| Enrollment/Eligibility Discrepancy | **Escalated Enrollment Research**  **\*\*This should only be used when the enrollment issue is not defined anywhere else.**  **CCR Process Note:**   * This route should be used when the beneficiary is disputing which plan they are currently enrolled in * Even if all systems and the enrollment portal show the beneficiary in the same plan (i.e., Choice and the beneficiary is stating that they enrolled in Plus), the CCR will route to have the enrollment researched including having the enrollment call pulled. * The CCR should advise the beneficiary about disenrollment. If beneficiary requests disenrollment, educate beneficiary on ALL options to disenroll and offer to send the disenrollment form.   + Refer to     - [Compass - MED D - Specialized Member Services Team (SMST) - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db)     - [Compass MED D - Blue MedicareRx (NEJE) Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88243c36-3de2-40d1-8069-a8f149c9d260) | **Task Type:** Enrollment -Enrollment/Eligibility Discrepancy  **Notes:** Document detailed information in the task note, be clear and concise, and include the beneficiary’s phone number. |
| **Beneficiary’s application is on hold due to a past due amount owed and the amount has been paid.**  **CCR Notes:**   * Check DTROU letter in OneClick for reply by date that beneficiary has to pay the balance * If beneficiary is calling to pay prior to or on the reply by date, send Support Task   If beneficiary is calling to pay after the reply by date, info the beneficiary application has been denied due to non-response. A new enrollment will need to be submitted to be enrolled in the plan. | **Task Type:** Enrollment -Enrollment/Eligibility Discrepancy  **Notes:** CCR needs to include the amount paid on date, along with any other pertinent information.  **CCR Note:** Document the amount paid on date, along with any other pertinent information in Compass. |

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| Task Type: Disenrollment |

 **DO NOT USE THESE SUPPORT TASKS FOR NEW DISENROLLMENT REQUESTS.**

[Cancellation of Voluntary Disenrollment](#_Cancellation_of_Voluntary)

[Missing Information for Voluntary Disenrollment](#_Missing_Information_for)

[Mistaken Disenrollment](#_Mistaken_Disenrollment)

Use as needed:

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| **Topics** | **Actions** | **Support Task** | |
| Cancellation of Voluntary Disenrollment Refer to:  [Compass MED D - Blue MedicareRx (NEJE) - Cancellation of Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f3b8c4f0-b8ec-49ac-a3bb-1e7debda5dc0)  [Compass MED D - Specialized Member Services Team (SMST) - Cancellation of Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f91cc8b2-7c71-411c-af04-187b729ec322) |  | **Task Type:** Disenrollment -Cancellation of Voluntary Disenrollment  **Notes:** Document detailed information in the task note.  **CCR Process Note:** CCR will submit Support Task and if needed the beneficiary will receive a call back within <96> hours or written confirmation of completion will be sent. | |
| Missing Information for Voluntary Disenrollment Refer to:  [Compass MED D - Specialized Member Services Team (SMST) - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db)  [Compass MED D - Blue MedicareRx (NEJE) Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88243c36-3de2-40d1-8069-a8f149c9d260) | This task type can also be used if beneficiary is requesting **a duplicate copy** of the confirmation letter of disenrollment. CCRs must indicate this request in Support Task **Notes**. | **Task Type:** Disenrollment -Missing Information for Voluntary Disenrollment  **Notes:** Document all disenrollment information (Election Period, and Attestation to request disenrollment) in the task note. | |
| Mistaken Disenrollment Refer to MARx and/or the Medicare D Tab in Compass (Disenrollment Reason). | **If...** | **And…** | **Support Task…** |
| **Loss of A/B/D**  Refer to:  [Compass MED D - Blue MedicareRx (NEJE) - Mistaken Disenrollment of a Beneficiary](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bc09e268-8503-4951-8671-ad5c4eaddfa2)  [Compass - MED D - Specialized Member Services Team (SMST) - Mistaken Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3b32462a-76c5-4b79-ad45-97996bc56a0f) | Termedin MARx | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary called to advise they were involuntarily disenrolled due to **<Incorrect Date of Death reported** or **Loss of Part A, B, and D>**. Beneficiary can be reached at **<current phone number>** at **<best time to contact>**. Beneficiary’s current complete address is **<address (include city, state, and zip code)>**. Beneficiary has **<less/more>** than 3 days medication on hand. Beneficiary was informed to continue to use plan services. Beneficiary was advised to contact SSA. Eligibility was verified in MARx. |
| Reinstated in MARx | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary called to advise they were involuntarily disenrolled due to **<Incorrect Date of Death reported** or **Loss of Part A, B, and D>**.Beneficiary can be reached at **<current phone number>** at **<best time to contact>**.Beneficiary’s current complete address is **<address (include city, state, and zip code)>**.Beneficiary has **<less/more>** than 3 days medication on hand.Eligibility was verified in MARx. |
| **Erroneous Death**  Refer to:  [Compass MED D - Blue MedicareRx (NEJE) - Mistaken Disenrollment of a Beneficiary](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09e268-8503-4951-8671-ad5c4eaddfa2)  [Compass - MED D - Specialized Member Services Team (SMST) - Mistaken Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b32462a-76c5-4b79-ad45-97996bc56a0f) | Termedin MARx | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary called to advise they were involuntarily disenrolled due to **<Incorrect Date of Death reported** or **Loss of Part A, B, and D>**. Beneficiary can be reached at **<current phone number>** at **<best time to contact>**. Beneficiary’s current complete address is **<address (include city, state, and zip code)>**. Beneficiary has **<less/more>** than 3 days medication on hand. Beneficiary was informed to continue to use plan services. Beneficiary was advised to contact SSA. Eligibility was verified in MARx. |
| Reinstated in MARx | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary called to advise they were involuntarily disenrolled due to **<Incorrect Date of Death reported** or **Loss of Part A, B, and D>**.Beneficiary can be reached at **<current phone number>** at **<best time to contact>**.Beneficiary’s current complete address is**<address (include city, state, and zip code)>**.Beneficiary has **<less/more>** than 3 days medication on hand.Eligibility was verified in MARx. |
| **Retroactive Disenrollment**  Refer to:  [Compass MED D - Specialized Member Services Team (SMST) - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db)  [Compass MED D - Blue MedicareRx (NEJE) Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88243c36-3de2-40d1-8069-a8f149c9d260) | N/A | **Task Type:** Disenrollment -Missing Information for Voluntary Disenrollment  **Notes:** Document detailed information in the Support Task note and be as detailed as possible so the request is clear.   * Date (required; alleged enrollment/disenrollment) Method by which beneficiary requested disenrollment   **Example:** Medicare website, calling 800-Medicare (include confirmation number from 800-Medicare), written request submitted to the plan   * Reason on why beneficiary is disputing disenrollment effective date. |
| **New MCO**  Refer to:  [Compass MED D - Blue MedicareRx (NEJE) - Mistaken Disenrollment of a Beneficiary](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09e268-8503-4951-8671-ad5c4eaddfa2)  [Compass - MED D - Specialized Member Services Team (SMST) - Mistaken Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b32462a-76c5-4b79-ad45-97996bc56a0f) | Other plan is not cancelled | Refer beneficiary to Medicare. |
| If other plan cancelled, and beneficiary not reinstated into SilverScript/Blue MedicareRx | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary called to advise they were involuntarily disenrolled due to enrolling into another plan and cancelling that plan. Beneficiary can be reached at <current phone number> at <best time to contact>. Beneficiary’s current complete address is<address, including city, state, and zip code>. Beneficiary was informed to continue to use plan services. Beneficiary has <less/more> than 3 days medication on hand. Eligibility was verified in <MARx>. |
| **OOA** | N/A | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary has been disenrolled for OOA.  Beneficiary has no coverage and there is no enrollment pending in Fazal to reinstate the beneficiary with no lapse in coverage. Beneficiary has contacted the plan to update their address and was deemed OOA. Beneficiary has now contacted the plan multiple times regarding their address change and/or OOA/Disenrollment letters received. Beneficiary can be reached at <current phone number> at <best time to contact>. Beneficiary’s current complete address is<address, including city, state, and zip code>. Beneficiary was informed to continue to use plan services and that someone would contact them within 24 – 72 hours. Please review for plan error(s) for reinstatement. |
| **NOT** provided all the disenrollment options when requesting to disenroll. | N/A | **Task Type:** Disenrollment - Mistaken Disenrollment  **Notes:** Beneficiary requested to be disenrolled from the plan. Beneficiary not provided all disenrollment options. Beneficiary requesting to be retro disenrolled. Beneficiary can be reached at <current phone number> at <best time to contact>. Beneficiary’s current complete address is<address, including city, state, and zip code>. Please review for plan error(s) for disenrollment. |

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| Task Type: Fulfillment |

 **DO NOT USE THESE SUPPORT TASKS FOR NEW DISENROLLMENT REQUESTS.**

[Fulfillment Request](#_Fulfillment_Request)

[Language/Print Change](#_Language/Print_Change)

**Note:** This request is no longer routed under this task category. See [Compass MED D - Member Resource Orders](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a) for additional details.

Use as needed:

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| **Topics** | **Actions** | **SUPPORT TASK** |
| Fulfillment Request | Determine what the request is.  Refer to [Compass - Member Resource Orders](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a) | **Task Type:** Fulfillment – Fulfillment Request  **Notes:** Include detailed notes:   * Who is placing the request (**Example:** Beneficiary, POA, AOR or legal representative) * Item being requested for the **current or** **future** benefit year: * **Examples:**   + Annual Notice of Change (ANOC)/EOC packet   + Packet includes ANOC, EOB and LIS Rider (if applicable)   + Welcome Packet |
| Language/Print Change | Refer to [Compass MED D - Member Resource Orders](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a).  DO NOT SEND A SUPPORT TASK to Med D Enrollment for a language/print change. | |

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| Turn Around Times |

Use as needed:

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| **Task Type** | **TAT Times**  **(calendar days)** | **Phone Contact** | **Written Communication**  **(TAT = 15 calendar days)** |
| Address Change | Up to 7 days | No (unless out of region) | No (unless out of region) |
| Cancellation of Enrollment | Up to 7 days | No | Yes |
| Cancellation of Enrollment - OEV | Up to 7 days | No | Yes |
| Cancellation of Voluntary Disenrollment | Up to 7 days | No | Yes |
| Effective Date Change | Up to 7 days | No | Yes |
| Enrollment Not Found | Up to 7 days | Yes | Yes |
| Enrollment/Eligibility Discrepancy | Up to 7 days | Yes | No |
| Language/Print Change | 20 days | No | Yes (Typically a replacement mailing is requested with print change) |
| LEP - Late Enrollment Penalty | 30+ days | No (Unless incomplete) | Yes (Unless received before penalty is assessed and complete attestation) |
| LEP Reconsideration Packet | Up to 7 days | No | Yes |
| Missing Information for Voluntary Disenrollment | Up to 7 days | Yes | Yes |
| Missing Pre-enrollment Information - RFI | Up to 7 days | Yes | Yes |
| Mistaken Disenrollment | Up to 7 days | Yes | Yes |
| Name Change | Up to 7 days | No (unless it does not match CMS records, beneficiary contacted to contact SSA) | Yes (If name changes and matches CMS records) |
| Opt Hold/Group Attestation | Up to 7 days | No | Yes |
| Out of Area | Up to 7 days | Yes | Yes (If address confirmed out of region) |
| SPAP - State Pharmaceutical Assistance Program | Up to 7 days | No | No |
| Enrollment - TRC 127 | Up to 7 days | No (Unless Incomplete) | Yes |
| LIS - Low Income Subsidy | Up to 4 days | Yes (If change occurs as courtesy) | Yes (When TRC confirmation received) |
| Fulfillment Request | Up to 4 days | No | Yes |

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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](file:///C:\Users\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\CMS-2-017428)

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