# Compass MED D - Specialized Member Services Team (SMST) - Cancellation of Voluntary Disenrollment

[CCR Process](#OLE_LINK27CCR)

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[Submitting a Cancellation of Disenrollment Request](#_Toc179384787)

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**Description:** This document provides the Specialized Member Services Team (SMST) with the proper guidance in addressing questions, concerns and issues surrounding a beneficiary’s request to **cancel** a voluntary disenrollment request.

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

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| **Step** | **Action** | | | |
| **1** | From the **Medicare D Landing Page**, navigate to the **Medicare D Member Details** panel to review the **Coverage** effective/expiration date. | | | |
| **If the cancellation request is received…** | **Then…** | | |
| **After** the Coverage expiration date | **The beneficiary cannot cancel their disenrollment** because the disenrollment has already occurred.  **Note:** The beneficiary will be able to enroll during the Annual Enrollment Period (AEP) or if they have a valid Special Election Period (SEP).     * You were disenrolled as of <Coverage Expiration date >. We are unable to cancel your disenrollment. You may submit an enrollment application if you have a valid election period (or during AEP). * If you would like to remain with our plan, I can transfer you to an enrollment agent now or you can also submit a new application at AetnaMedicare.com.   If a beneficiary states that they were disenrolled in error, this does not mean that an error occurred. It is the CCR’s responsibility to review the disenrollment and proceed accordingly.  Refer to [Compass MED D - Specialized Member Services Team (SMST) - Disenrollment Reasons Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4156e604-0094-43df-a7e5-302a56c4762f). | | |
| **If…** | | **Then…** |
| Beneficiary wants to speak with an enrollment agent… | | Transfer to an Enrollment agent. Refer to [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2). |
| Beneficiary does not want to speak to an agent… | | Close the case**:**   * Address any benefit issues. * Document and close the case according to existing policies and procedures, including all options discussed. Refer to the [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) and [Compass - Call Documentation.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) |
| **Before** the Coverage expiration date | Proceed to next step. | | |
| **2** | From the **Medicare D Landing page – Enrollment Details** **tab**, review the **Disenrollment Reason** field. | | | |
| **If disenrollment reason is…** | | **Then…** | |
| DISENROL-NEW MCO | | Refer to [Compass MED D – Disenrollment Due to Enrolling in a Different Prescription Drug Plan (PDP).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f4d74454-3dea-4ce7-9c6a-fd40ae8a1563) | |
| Blank (No reason shown) | | Proceed to [Submit a Support Task](#_NOT_ENROLLED). | |
| Any other reason | | Refer to [Compass MED D - Specialized Member Services Team (SMST) - Disenrollment Reasons Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4156e604-0094-43df-a7e5-302a56c4762f). | |

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| Submitting a Cancellation of Disenrollment Request |

Perform the steps below**:**

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| **Step** | **Action** | | |
| **1** | Have you already submitted a request to cancel the disenrollment? | | |
| **If beneficiary says…** | **Then...** | |
| Yes | Reviewthe **Medicare D Landing page – Medicare D Alerts** to determine if a cancellation of disenrollment request was already submitted. | |
| **If…** | **Then…** |
| A task was already submitted | * I can see you have already submitted a cancellation of disenrollment request. * The request is pending, and we cannot submit another request at this time.   Proceed to [Step 3.](#NotEnrolledStep3) |
| No task has been submitted | Proceed to next step. |
| No | Proceed to next step. | |
| **2** | Submit the following **Support Task** to request a cancellation of disenrollment**:**  **Note:** Do not submit a task unless you have verified all steps above.  Click the **Create Support Task** button from Case Details.  **Task Type:** Disenrollment - Cancellation of Voluntary Disenrollment  Complete all required fields marked with an asterisk (\*).  **Task Notes:** Document detailed information in the task note such as a phone number for the beneficiary and reason for cancellation.  Do not give out confirmation numbers for tasks to callers. These numbers are not included with the task.  You will receive written notification regarding the outcome of the request.  Proceed to next step. | | |
| **3** | * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | | |
| **If...** | **Then...** | |
| Yes | Close the call**:**   * Address any benefit issues. * Document and close the case according to existing policies and procedures, including all options discussed. Refer to the [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) and [Compass - Call Documentation.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) | |
| No | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a supervisor. | |

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| Related Documents |

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

**Parent SOP:**

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

**Abbreviations/Definitions:**

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

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