# MED D - Blue MedicareRx (NEJE) - CMS Initiated Enrollments (Auto, Facilitated and Reassigned Enrollments)

[High Level Process](#_Toc24435239)

[Determine How the Beneficiary was Enrolled in or Disenrolled from the Plan](#_Toc24435240)

[Educate the Beneficiary on How They Were Enrolled and Why](#_Toc24435241)

[Counsel the Beneficiary in Relation to the Plan Benefits](#_Toc24435242)

[Determine Next Steps Based on the Beneficiary’s Responses](#_Toc24435243)

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**Description:** This document outlines the process and defines talking points the Blue MedicareRx (NEJE) CCR will perform when a beneficiary has either been enrolled or disenrolled by CMS and is calling to understand why or requesting to not be in our plan. This includes the following enrollment and disenrollment scenarios: Auto, Facilitated and Reassigned Enrollments.

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| High Level Process |
| 1. [**Determine**](#_Determine_How_the) **how the beneficiary was enrolled in or disenrolled from the plan.** |
| 1. [**Educate**](#_Educate_the_Beneficiary) **the beneficiary on how they were enrolled and why.** |
| 1. [**Counsel**](#_Counsel_the_Beneficiary) **the beneficiary in relation to the plan benefits.** |
| 1. [**Determine**](#_Determine_Next_Steps) **next steps based on the beneficiary’s responses.** |

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| Determine How the Beneficiary was Enrolled in or Disenrolled from the Plan |

When a CCR receives a call from a beneficiary stating:

* I never enrolled with your plan!
* How did I get enrolled with your plan?
* I received a blue letter from CMS or a letter from the Blue MedicareRx plan that I was reassigned to the plan. Why did I get it?
* Why am I being disenrolled from the Blue MedicareRx plan? I received a letter from CMS indicating I am being disenrolled from the Blue MedicareRx Plan.
* I have a SPAP and/or PACE plan and do not need Blue MedicareRx!

The Blue MedicareRx CCR will perform the steps below:

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| **Step** | **Action** | | |
| **1** | Authenticate the caller.  Refer to the following documents:   * [Caller Authentication](file:///C:\Users\C337799\Downloads\CMS-2-004568) * [HIPAA Authentication Grid](file:///C:\Users\C337799\Downloads\CMS-2-028920) * [MED D - Obtaining a Verbal Attestation from an Authorized Representative](file:///C:\Users\C337799\Downloads\TSRC-PROD-024341) | | |
| **2** | Let me take a look at your account to obtain more information.  **Note: DO NOT** place the beneficiary on hold. | | |
| **3** | Select **Medicare D Inquiry Tab**. | | |
| **4** | Choose the **Participant Details** tab and view the **Enrollment Source** field. | | |
| CMS Facilitated - TRC118 | | CMS Facilitated enrollment  **Note:** The beneficiary is eligible for Low Income Subsidy (LIS), but not eligible for full Medicaid benefits. CMS has facilitated their enrollment in the Blue MedicareRx plan for their Part D benefit.  Proceed to [Educate the Beneficiary on How They Were Enrolled and Why](#_Section_2_-). |
| CMS Reassignment - TRC212 | | CMS Reassignment (Gaining Enrollment)  This enrollment occurs annually for beneficiaries if their monthly premium with their current plan will be above the benchmark.  **Note:** CMS has reassigned them to the Blue MedicareRx plan for their Part D benefit. CMS mails notices (printed on blue paper) to beneficiaries who will be reassigned to another Medicare Part D plan in the upcoming plan year. These notices will inform the affected beneficiaries that:   * Their prospective $0 premium PDP in the reassigned plan. * The upcoming plan year premium (greater than $0) of their current prescription drug plan (PDP). * The option to remain in their current plan or enroll in a plan included with the CMS notice.   + Refer to Blue Letters in [MED D - Guide to Consumer Mailings From CMS, Social Security, and Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).   Proceed to [Educate the Beneficiary on How They Were Enrolled and Why](#_Section_2_-). |
| **Disenrollment Reason** | | **Meaning** |
| Enrolled in another plan | | CMS Reassignment to another plan (Losing Enrollment - Beneficiary Disenrolled)  This disenrollment occurs annually for beneficiaries if their monthly premium will be above the benchmark.  **Notes:** CMS has reassigned these enrollees to another prescription drug plan for their Part D benefit. CMS mails notices (printed on blue paper) to beneficiaries who will be reassigned to another Medicare Part D plan in the upcoming plan year. These notices will inform the affected beneficiaries that:   * CMS is reassigning them to a different plan for the upcoming plan year that has a <$0> premium. * The Blue MedicareRx plan will cost more in the upcoming plan year. * The enrollee can remain in the plan CMS reassigned them to or they can re-enroll in the Blue MedicareRx plan and pay a monthly premium and possibly higher cost-sharing.   Proceed to [Educate the Beneficiary on How They Were Enrolled and Why](#_Section_2_-) |
| Not displayed on the Participant Details Tab | | Proceed to [Step 5](#Section1Step5). |
| **5** | Choose the **Plan Details** tab and view the **External Product** field to determine if the beneficiary is enrolled in a State Pharmaceutical Assistance Program (SPAP) or Program of All-Inclusive Care for the Elderly (PACE) plan. | | |
| **External Product...** | **Meaning...** | |
| SPAP | The enrollee has been enrolled in a SPAP plan and will receive prescription drug benefits from the Blue MedicareRx plan.  A SPAP is a state funded program that provides people assistance in paying for drug coverage, based on financial need, age and/or medical condition. Points to remember:   1. Programs vary state by state. 2. SPAP subsidizes the Beneficiary for some cost. 3. CMS allows qualified SPAPs to submit enrollment requests to PDPs. 4. States have varying eligibility requirements. | |
| PACE | The enrollee has been enrolled in a PACE plan and will receive prescription drug benefits from the Blue MedicareRx plan.  The Programs of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain individuals, most of whom are dually eligible for Medicare and Medicaid benefits. Beneficiaries must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care by the appropriate State agency.  [Return to High Level Process](#_High_Level_Process) | |
| **6** | Proceed to [Educate the Beneficiary on How They Were Enrolled and Why](#_Section_2_-). | | |

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| Educate the Beneficiary on How They Were Enrolled and Why |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Based on the results from determining how the beneficiary was enrolled in or disenrolled from the plan:  [Return to High Level Process](#_High_Level_Process) | |
| **If...** | **Then...** |
| CMS Facilitated - TRC118 | CMS Facilitated your enrollment into the Blue MedicareRx plan for your Part D benefit because you are eligible for Low income Subsidy (LIS) also known as Extra Help. |
| CMS Reassignment - TRC212 | CMS reassigned you into the Blue MedicareRx plan because your current plan premiums will increase in the upcoming plan year and you will have to pay part of the premium if you remain in your current plan. |
| CMS Reassignment to another plan (Losing Enrollment - Beneficiary Disenrolled) | CMS reassigned you into another prescription drug plan because the premium in the Blue MedicareRx plan will increase in the upcoming plan year. If you remain with a Blue MedicareRx plan you will have to pay part of the monthly premium.  Proceed to [CMS Reassignment to another plan (Losing Enrollment - Beneficiary Disenrolled)](#Section4CMSReassignLosing). |
| SPAP | You have been enrolled in a SPAP plan by the state and will receive your prescription drug benefits from the Blue MedicareRx prescription drug plan. A portion of your benefits will be subsidized by the state. |
| PACE | You have been enrolled in a PACE plan by CMS and will receive your prescription drug benefits from the Blue MedicareRx prescription drug plan. A portion of your benefits will be subsidized by CMS. |
| **2** | Proceed to [Counsel the Beneficiary in Relation to the Plan Benefits](#_Section_3_-). | |

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| Counsel the Beneficiary in Relation to the Plan Benefits |

Perform the steps below:

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| **Step** | **Action** | | | | |
| **1** | Have you had the opportunity to review the premiums and cost sharing for the Blue MedicareRx plan? | | | | |
| **If...** | **Then...** | | | |
| Yes | Do you have any questions about the plan benefits or premiums? | | | |
| **If...** | **Then...** | | |
| Yes | Answer questions to the beneficiary’s satisfaction.  Based on this information I have provided do you have any questions about the benefits of the Blue MedicareRx Plan? | | |
| **If beneficiary says they...** | | **Then...** |
| Have no further questions | | Document and close the call according to current policies and procedures.  Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). |
| Do Not want to remain in the plan | | Proceed to [Determine Next Steps Based on the Beneficiary’s Responses](#_Step_4_-). |
| No | Proceed to [Step 2](#Counsel2). | | |
| No | Proceed to [Step 2](#Counsel2). | | | |
| **2** | May I review the cost sharing and plan premiums with you?  [Return to High Level Process](#_High_Level_Process) | | | | |
| **If...** | **Then...** | | | |
| Yes | Review the plan benefits and premiums.  Based on this information I have provided do you have any questions about the benefits of the Blue MedicareRx Plan? | | | |
| **If beneficiary says they...** | | **Then...** | |
| Have no further questions | | Document and close the call according to current policies and procedures.  Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | |
| Do Not want to remain in the plan | | Proceed to [Determine Next Steps Based on the Beneficiary’s Responses](#_Step_4_-). | |
| No | Proceed to[Determine Next Steps Based on the Beneficiary’s Responses](#_Step_4_-). | | | |

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| Determine Next Steps Based on the Beneficiary’s Responses |

Perform the steps below:

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| **Step** | **Action** | | | | | | |
| **1** | Based on the results from determining how the beneficiary was enrolled in or disenrolled from the plan: | | | | | | |
| **If...** | **Then...** | | | | | |
| CMS Auto - Enrollments - TRC117 | * Since you do not want to remain in the Blue MedicareRx Plan, you have the following options:   + Enroll in another Plan     - You have the option to enroll into another plan at this time or in the future.     - You are eligible for a Special Enrollment Period (SEP) to enroll in another plan.     - You may also enroll in another plan during the Annual Enrollment Period (AEP) from October 15 through December 7.     - You may enroll in one of the plans that was listed in the CMS letter you received by using the [www.medicare.gov](http://www.medicare.gov) website.     - I would like to point out it is important that you consider enrolling in another prescription drug coverage at this time so you will have continual coverage.       * If you do not choose prescription drug coverage, then you may be subject to a Late Enrollment Penalty when you enroll in a prescription drug plan in the future.   + Opt Out of the Blue MedicareRx Plan     - You may also choose to Opt Out of the Blue MedicareRx Plan at this time.     - If you elect to Opt Out at this time, we will process a request to do so.       * We want to make you aware that CMS will not include you in their Auto-Facilitated Enrollment processes in the future.   Do you want to enroll in another plan using [www.medicare.gov](http://www.medicare.gov) or do you want us to submit an Opt Out request which will disenroll you from the Blue MedicareRx Plan? | | | | | |
| **If beneficiary will...** | | | **Then...** | | |
| Enroll in another plan | | | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at:   * MA: 888-543-4917 * CT: 888-620-1747 * RI: 888-620-1748 * VT: 888-620-1746   24 hours a day, 7 days a week. TTY users may call 711.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | |
| Opt Out of Blue MedicareRx Plan | | | Will you please remain on the call so that I may obtain the information to submit the request on your behalf? We will submit a request and once it is accepted you will be disenrolled at the end of this month.  **Submit an RM Task:**  **Task Category:** Med D Enrollment - Enrollment  **Task Type:** Cancellation of Enrollment  **Queue:** Med D Enrollment Task  **Notes:** <Todays Date> <Caller’s Name> was Auto-enrolled in the plan by CMS and is requesting to Opt Out/disenroll from the plan at this time. Beneficiary understands the consequences of choosing to opt out of the auto-enrollment process.  **Note:** The RM Task number should not be provided to the beneficiary.  The request has been submitted; you should receive a written notification by mail from the plan within 10 calendar days.  Proceed to [Step 2](#Section4Step2). | | |
| CMS Facilitated - Enrollments - TRC118 | * Since you do not want to remain in the Blue MedicareRx Plan, you have the following options:   + Enroll in another Plan     - You have the option to enroll into another plan at this time or in the future.     - You are eligible for a Special Enrollment Period (SEP) to enroll in another plan.     - You may also enroll in another plan during the Annual Enrollment Period (AEP) from October 15 through December 7.     - You may enroll in one of the plans that was listed in the CMS letter you received by using the [www.medicare.gov](http://www.medicare.gov) website.     - I would like to point out it is important that you consider enrolling in another prescription drug coverage at this time so you will have continual coverage.       * If you do not choose prescription drug coverage, then you may be subject to a Late Enrollment Penalty when you enroll in a prescription drug plan in the future.   + Opt Out of the Blue MedicareRx Plan     - You may also choose to Opt Out of the Blue MedicareRx Plan at this time.     - If you elect to Opt Out at this time, we will process a request to do so.       * We want to make you aware that CMS will not include you in their Auto-Facilitated Enrollment processes in the future.      * Do you want to enroll in another plan using [www.medicare.gov](http://www.medicare.gov) or do you want us to submit an Opt Out request which will disenroll you from the Blue MedicareRx Plan? | | | | | |
| **If beneficiary will...** | | | **Then...** | | |
| Enroll in another plan | | | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at:   * MA: 888-543-4917 * CT: 888-620-1747 * RI: 888-620-1748 * VT: 888-620-1746   24 hours a day, 7 days a week. TTY users may call 711.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | |
| Opt Out of Blue MedicareRx Plan | | | Will you please remain on the call so that I may obtain the information to submit the request on your behalf? We will submit a request and once it is accepted you will be disenrolled at the end of this month.  **Submit an RM Task:**  **Task Category:** Med D Enrollment - Enrollment  **Task Type:** Cancellation of Enrollment  **Queue:** Med D Enrollment Task  **Notes:** <Todays Date> <Caller’s Name> was a Facilitated enrollment into the plan by CMS and is requesting to Opt Out/disenroll from the plan at this time. Beneficiary understands the consequences of choosing to opt out of the facilitated enrollment process.  **Note:** The RM Task number should not be provided to the beneficiary.  The request has been submitted; you should receive a written notification by mail from the plan within 10 calendar days.  Proceed to [Step 2](#Section4Step2). | | |
| CMS Reassignment - TRC212 (Gaining Enrollment) | * Since you do not want to remain in the Blue MedicareRx Plan, you have the following options:   + Re-Enroll in your current Plan     - You may contact the current plan if you wish to remain in that plan.     - If you remain in the current plan, you will be financially responsible to pay a portion of the plan premium.   + Enroll in another Plan     - Enrollment into another CMS-qualified Medicare Part D Prescription Drug Plan (PDP) will automatically disenroll you from the Blue MedicareRx Plan.     - You are eligible for a Special Enrollment Period (SEP) to enroll in another plan within three months of the effective date of the enrollment.     - You may also enroll in another plan during the Annual Enrollment Period (AEP) from October 15 through December 7.     - You may enroll in one of the plans that was listed in the CMS blue letter you received by using the [www.medicare.gov](http://www.medicare.gov) website.   Will you be enrolling in another plan? | | | | | |
| **If the beneficiary says...** | | | **Then...** | | |
| Yes | | | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at:   * MA: 888-543-4917 * CT: 888-620-1747 * RI: 888-620-1748 * VT: 888-620-1746   24 hours a day, 7 days a week. TTY users may call 711.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | |
| No | | | **Notes:**   * The beneficiary must state that they do not want to have Medicare prescription drug coverage at all. * The CCR should counsel and remind the beneficiary that if they disenroll and do not obtain other coverage that is at least as good as Medicare Part D drug coverage (also referred to as creditable coverage), they may be subject to pay a Late Enrollment Penalty if they enroll in Medicare Part D prescription drug plan in the future.   + Examples of creditable prescription drug coverage include the following:     - TriCare, Indian Health Service, or VA coverage.     - PACE program.     - Employer or union coverage.     - Has or will gain any other creditable coverage not listed above. * If the beneficiary specifically states that they do not want Medicare prescription drug coverage at all, then the voluntary disenrollment process must be followed.      * I would like to point out it is important that you consider enrolling in another prescription drug plan at this time so you will have continual [creditable prescription drug coverage](#CreditablePDC). * Please keep in mind that if you disenroll and do not obtain other coverage that is at least as good as Medicare Part D drug coverage (also referred to as [creditable coverage](#CreditablePDC)), you may be subject to pay a Late Enrollment Penalty if you enroll in Medicare Part D prescription drug plan in the future. * Will you be enrolling in another plan? | | |
| **If the beneficiary says they...** | | **Then...** |
| Will enroll in another plan | | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at:   * MA: 888-543-4917 * CT: 888-620-1747 * RI: 888-620-1748 * VT: 888-620-1746   24 hours a day, 7 days a week. TTY users may call 711.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). |
| DO NOT want to have Medicare prescription drug coverage at all | | **Note:** We may accept the **request verbally**; awritten disenrollment request is not required.  Will you please remain on the call so that I may obtain the information to submit the request on your behalf? We will submit a request and once it is accepted you will be disenrolled at the end of this month.  **Submit an RM Task:**  **Task Category:** Med D Enrollment - Enrollment  **Task Type:** Cancellation of Enrollment  **Queue:** Med D Enrollment Task  **Notes:** <Todays Date> <Caller’s Name> was reassigned to the plan by CMS and is requesting to disenroll from the plan at this time. Beneficiary understands the consequences of not choosing Medicare Prescription Drug coverage.  **Note:** The RM Task number should not be provided to the beneficiary.  The request has been submitted; you should receive a written notification by mail from the plan within 10 calendar days.  Proceed to [Step 2](#Section4Step2). |
| CMS Reassignment to another plan (Losing Enrollment - Beneficiary Disenrolled) | If the beneficiary says they received a letter from CMS or the Blue MedicareRx plan that they are being reassigned to another plan and being disenrolled from the Blue MedicareRx prescription drug plan.  Refer to [[MED D - Confirmation of Disenrollment for Reassignment lttr Y0080\_52342\_ENR\_10b](file:///C:\Users\C337799\Downloads\CMS-PRD1-078781)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d93c98bb-c170-48eb-bb68-b6548ddf0094).     * CMS has reassigned you to a different plan for the upcoming plan year that has a <$0> premium. * The Blue MedicareRx plan you are enrolled in currently will cost more in the upcoming plan year. * You can stay with the plan CMS is reassigning you to or you can remain with Blue MedicareRx and pay a monthly premium. * You are eligible for a Special Enrollment Period (SEP) to enroll in another plan within three months of the effective date of the disenrollment. * May I review the Blue MedicareRx cost sharing and plan premiums with you? | | | | | |
| **If...** | | **Then...** | | | |
| Yes | | Review the plan benefits and premiums.  Based on this information I have provided would you like to enroll in one of the Blue MedicareRx Plans. Do you have any questions about the benefits of the Blue MedicareRx Plan? | | | |
| **If beneficiary says they...** | | **Then...** | |
| Want to remain with Blue MedicareRx and pay a premium. | | Advise the beneficiary an enrollment application can be completed by:   * Visiting [www.rxmedicareplans.com](http://www.rxmedicareplans.com). * Calling 1-800-MEDICARE (633-4227) 24 hours a day, 7 days a week or visit medicare.gov to enroll. TTY users should call 1-877-486-2048. * CCR will educate on plans and enroll beneficiary   To remain with Blue MedicareRx, you need to submit an enrollment application.  Proceed to [Step 2](#Section4Step2). | |
| Accept the new plan assigned by CMS | | * I understand. * You don’t need to do anything else. * You will receive a second notice from CMS (printed on blue paper) in December listing the drugs you filled this year and whether or not those drugs will be covered in your new plan. Additional plan information will also be mailed to you by the new plan.   Proceed to [Step 2](#Section4Step2). | |
| No | | I appreciate the opportunity to assist you. Should you have further questions, you can always call us here at Customer Care toll free anytime at:   * MA: 888-543-4917 * CT: 888-620-1747 * RI: 888-620-1748 * VT: 888-620-1746   24 hours a day, 7 days a week. TTY users may call 711.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | | |
| SPAP | Check the Enrollment section of the CIF to determine the next steps on the options to disenroll.  Refer to [MED D - Handling State Pharmaceutical Assistance Program Calls](file:///C:\Users\C337799\Downloads\CMS-PRD1-109846).  Proceed to [Step 2](#Section4Step2). | | | | | |
| PACE | Check the Enrollment section of the CIF to determine the next steps on the options to disenroll.  Refer to [Pharmaceutical Assistance Contract for the Elderly](file:///C:\Users\C337799\Downloads\CMS-PRD1-073816).  Proceed to [Step 2](#Section4Step2). | | | | | |
| **2** | Are there any other questions I can help answer?  [Return to High Level Process](#_High_Level_Process) | | | | | | |
| **If...** | | **Then...** | | | | |
| Yes | | Address the beneficiary’s questions based on existing policies and procedures.   * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | | | |
| No | | * Document and close the call according to current policies and procedures. * Refer to [MED D - Call Documentation](file:///C:\Users\C337799\Downloads\CMS-PRD1-067665). | | | | |

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](file:///C:\Users\C337799\Downloads\TSRC-PROD-007931)
* [MED D - Handling State Pharmaceutical Assistance Program Calls](file:///C:\Users\C337799\Downloads\CMS-PRD1-109846)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\C337799\Downloads\CMS-2-017428)

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