# MED D - Open Enrollment Period (OEP) EGWP Reminders for 01/01/2025

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**Description:** This job aid will assist Med D SSI EGWP CCR’s with important 2025 plan reminders.

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| Annual Notice of Changes (ANOC) |

The mailing dates for the Annual Notice of Changes (ANOC) can vary by EGWP clients. When the beneficiary calls in with questions regarding plan year 2025, the CCR should first determine if the beneficiary has received their ANOC.

The CCR is **ONLY** able to speak to the beneficiary, regarding their specific plan changes outlined in their ANOC, if they have either:

* Received their ANOC or:
* Verified in OneClick that the ANOC was mailed.

Refer to [MED D - Viewing Correspondence and Requesting Reprints in PeopleSafe](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79) or [Compass MED D - Viewing Correspondence and Requesting Reprints.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c)

Refer to the CIF if additional information is required on the mailing date.

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| Post Annual Notice of Changes (Post-ANOC) |

Post ANOC letters will be mailed to Aetna and SSI EGWP beneficiaries that are negatively impacted by the 2025 Formulary and/or Pharmacy network changes. The letter will:

* Be customized to the beneficiary based on their services and drugs they’ve been getting.
* Highlight changes to maintenance drugs the beneficiary is taking that has a negative change. (**Examples:** Tier changes, prior authorization/step therapy requirements, moving off the formulary)
* Highlight specific pharmacy network changes:
  + Pharmacy used in 2024 will not be in the network for 2025.
  + Pharmacy used in 2024 will not be in the preferred network for 2025
  + In both instances above, 3 alternative pharmacies will be provided as options in 2025

**Note:** Not all beneficiaries will receive a letter, only those who had the most Part D disruption of their medication(s) and/or pharmacy will receive a Post ANOC letter.

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| Reminder Digital Member Mailings |

The Annual Notice of Changes Packet and Welcome Kits will contain an Online Document Notice and no longer include the EOC, Formulary, and Pharmacy Directory.

The Online Document Notice will direct beneficiaries to the secure document portal to view, download, and/or request paper copies.

* Easy to access site to retrieve plan materials.
  + Evidence of Coverage (EOC), Formulary, and Pharmacy Directory
* Simple log in, no profile to create; uses ID number and zip code.
  + If a beneficiary has both a mailing and permanent address on file, either zip code can be used.
* Options for beneficiaries to request paper copies as “one time” or “ongoing”.
* Site will be co-branded if co-branding is currently used.

The mailing dates for the Annual Notice of Changes (ANOC) can vary by EGWP clients. When the beneficiary calls in with questions regarding plan year 2025, the CCR should first determine if the beneficiary has received their ANOC.

Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](file:///C:/Users/C337799/Downloads/TSRC-PROD-030398).

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| SSI “Hybrid” Plans |

Aetna Formulary and/or Aetna Pharmacy Network offerings to some new and existing SilverScript EGWP clients while maintaining the SilverScript branding. These plans may look like SilverScript EGWP plans; however, they will require you to follow some of the Aetna SilverScript EGWP specific processes such as utilizing the Med D Care Coverage Grid for plan design and copay strategies or referring to the Aetna Pharmacy Network work instructions to identify a preferred vs a standard retail pharmacy.

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| New for Some 2025 New SilverScript EGWP Clients - Special Handling |

## For the following 2025 New Start clients, Enrollment and/or Eligibility only calls should be warm transferred to the BSwift Aetna Retiree Solutions team for assistance:

* Postal Mail Handlers
* Postal National Rural Letter Carriers
* Postal Service Health Benefits Program

**Note:**

* Look for High Priority Comments to indicate call types and internal transfer number to transfer the noted call type(s).
* Refer to the CIF for Enrollment/Eligibility special handling for all clients
* Assist the beneficiary with all other pharmacy related questions prior to transferring the caller.
* Refer to [MED D - BSwift/Aetna Retiree Solutions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8a229d0e-9e53-4383-b387-0b960343bd93)**.**

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| Grievance and CIF Reminders |

If at any time the beneficiary expresses dissatisfaction, refer to the Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances in MedHOK Nitro (SSI PDP, SSI EGWP, Aetna EGWP)](file:///C:/Users/C337799/Downloads/TSRC-PROD-040885).

Icon - Important It is critical to always check the CIF:

* Each year clients make formulary, copay, carrier changes, etc. to their plans.
* Check the CIF for current and future benefit details. This will ensure that the most accurate information is provided to the beneficiary.
* Do not memorize claim history to answer beneficiary questions.
* **ALWAYS** run a test claim and use your resources!
* **First Call Resolution Reminders:** 
  + Written Request Required is never a First Call Resolution Grievance, must submit a Standard/New Grievance.
  + Missing AOR/POA must submit a New Grievance.
  + All FCR Grievances must be well documented to include the specific complaint, the action you took to resolve the member’s complaint.
  + If additional action or a handoff is required to resolve the member’s complaint, a New Grievance should be submitted.

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| Opt Out or Opt In Enrollment |

Clients will either select to have their beneficiaries participate in an “opt out” or “opt in” enrollment process:

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| **Opt Out** | **Opt In** |
| * Medicare eligible beneficiaries are automatically enrolled in the EGWP plan. * Beneficiaries are given 21 days (Opt Hold period) to call and cancel their plan prior to the enrollment being sent to Medicare for approval. * Most new EGWP’s are opt out. * You will not see beneficiary information in PeopleSafe or Compass. Ask probing questions and listen for reference to receiving a letter advising they have been enrolled and further direction to opt out of the plan. * Follow directions in CIF under the Open/Annual Enrollment Period section to determine if there is a client specific process. If no direction is found in the CIF, warm transfer to SMST to complete Opt out process. | * Beneficiaries take action to request enrollment in the plan. * Enrollments initiated by the beneficiary are sent directly to Medicare for approval and are not held for the 21 day Opt Hold Period. |

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| Enrollment Status |

Refer to [MED D - Specialized Member Services Team (SMST) - EGWP Opt Hold Release Process in FAZAL](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0b79e168-549f-495d-aa63-9b8e667cb43f) for the complete process.

**Note:** It is very important to check the client CIF for all Pre-Enrollment instructions. EGWP CIFs contain enrollment, disenrollment, opt out information, mailing dates and more!

* When the enrollment is first received, it is housed only in Fazal. You will not be able to access an account in PeopleSafe or Compass until the application has processed and eligibility is loaded.
* Always check Fazal for the application status.

Icon - Important Do **NOT** enroll EGWP beneficiaries into the open SilverScript PDP plan.

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| Incomplete Enrollments |

Refer to [Med D - Incomplete Enrollments (ICE) or Enrollments with Missing Info](file:///C:/Users/C337799/Downloads/CMS-PCP1-040885) or [Compass MED D - Incomplete Enrollments (ICE) or Enrollments with Missing Information](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c31eec52-fb25-4867-9693-4b5129d67190)for the complete process.

**Note:** The most common pieces of missing information in an ICE enrollment: Valid MBI & Permanent Addresses.

* If an enrollment is considered incomplete, a letter is sent to the beneficiary requesting he or she call to provide information to complete the enrollment.
* Only beneficiaries and designated individuals with POA or AOR/Legal Representative documentation can provide missing information for incomplete enrollment applications to a Med D prescription drug benefit plan.

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| PBO Reminders |

* All PBOs must be entered on both the PRIMARY **and** SECONDARY accounts by the SENIOR TEAM ONLY, unless you are a trained Compass user.
* It’s important to do a mock claim after entering a Plan Benefit Override (PBO) and check the supplemental financial details to make sure the override pays on the primary and secondary.
* Brand over Generic Strategy – applies to all Medicare Part D template formularies, where select brand drugs are preferred over generic drugs. The generic drugs will not be added to the formularies. Refer to [MED D - Brand Over Generic (BOG) Strategy - Select Generic Drugs Not Available on SilverScript, SilverScript EGWP and Aetna SilverScript EGWP (PDP) Plans Formulary Until Further Notice](file:///C:/Users/C337799/Downloads/TSRC-PROD-042302). The following reject message will display when a generic claim is presented instead of a Brand over Generic drug:
  + Reject code: 606
  + Reject Description: Drug not covered; Use brand. No override allowed.
  + Settlement Description: Please submit brand with DAW 9. NDC Not covered. Use Brand with DAW 9. No Override allowed.

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| Value Added Items and Services (VAIS) |

Value Added Items and Services (VAIS) are non-Medicare covered services or items, typically discounts, offered to enrollees of all SilverScript plan’s, including EGWP’s. EGWP Clients will be required to opt into this offering for their beneficiaries. The VAIS include:

* Element3
* CVS CarePass
* EyeMed
* ILS Meals
* LifeMart
* LifeStation
* Lumosity
* Nations Hearing
* Senior Research Hub
* Symphony

Beneficiaries can log into the secure portal to learn about their discounts and view all detail of the discounts. Beneficiaries who choose to get VAIS items or services pay all costs.

**Note:** These services are not a part of the beneficiary’s Prescription Drug Plan and we are unable to communicate these benefits to future enrollees or use as a reason for enrollment.

When discussing the program with beneficiaries, **always** refer to them as Value Added Items and Services. Refer to the [MED D – Value Added Items and Services (VAIS)](file:///C:/Users/C337799/Downloads/TSRC-PROD-030677) work instruction for additional information and to provide the beneficiary with the website address or toll-free number.

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| 2025 EGWP Plan Design Changes |

The following clients will experience significant plan design changes, effective 01/01/25.

**Note:** Additional plan details are located within each client CIF.

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| **Client** | **Client Code** | **Additional Information** |
| **All EGWP plans (Aetna SSI and SSI\_** | All Carriers | The Medicare Prescription Payment Plan is a payment option that works with current drug coverage to help beneficiaries manage their out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January - December). Refer to [Compass MED D – Medicare Prescription Payment Plan Guidelines](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54f362a8-c10b-43c3-b4dd-124af1173532). |
| Highly Sensitive Client Groups (multiple clients) reference CIF prior to taking any action. | | |

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| New 2025 Clients Effective 01/01/25 |

The following clients will be new additions, effective 01/01/25. These are highly sensitive clients and are on the Welcome Season 2025 – Critical Client Watchlist.

**Note:** Additional plan details are located within each respective CIF!

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| **Client** | **Client Code** | **Additional Information** |
| BMS- Bristol Myers Squibb EGWP | X92AC/X91AF | * Early phone lines on 10/1 * Calls will be handled in the EGWP Skill * Opt out requests should be warmed transferred to the SMST team |
| CU-Colorado University Health EGWP | X91AE/X92AB | * Early phone lines on 10/1 * Calls will be handled in the EGWP Skill * Opt out requests should be warmed transferred to the SMST team |
| AET\_SSI Harvard Pilgrim (new Tufts population added) | X9350 | * New Tufts population added to existing carrier. CIF Need to Know updated with specifics. Calls handled in AET-EGWP skill. |
| AET-SSI Postal Service Health Benefits Program | X9317 | * Existing FEHBP Postal workers moving to PSHB plan. Calls will be handled AET-EGWP skill 12/2/2024. |
| AET-SSI GEHA | X9313, X9314 and X9315 | * Existing Commercial and New members moving to EGWP plan; Postal and Non Postal Fed retirees. Calls will be handled in dedicated GEHA skill 10/01/2024. |
| Postal Mail Handlers(MHBP) EGWP | X91AJ/X92AF | * Mail Handlers is adding a Postal Plan 1/1/2025 * Non Postal workers will remain in X9596/X5077 * Calls will be handled in the EGWP skill 1 12/2/2024 * Early Phone lines and opt out will be handled by the Aetna Digital Team |
| Midwest Operating Engineers (MOE) EGWP | X91AM/X92AH | * Phone lines will open for opt out support TBD * Calls will be handled in the EGWP Skill 1/1/2025 * Opt out requests should be warmed transferred to the SMST team |
| Postal National Association of Letter Carriers(NALC) EGWP | X91AG/X92AD | * NALC is adding a Postal Plan 1/1/2025 * Non Postal workers will remain in X23EJ/X5079 * Calls will be handled in the EGWP skill 1/1/2025 * Early Phone lines will be handled by Customer Care 10/1/2024 * Opt out requests should be warm transferred to SMST |
| Postal Rural Letter Carriers (NRLCA) EGWP | X91AK/X92AG | * Rural Letter Carriers is adding a Postal Plan 1/1/2025 * All members will move to the new X91AK/92AG carrier for 1/1/25 * Calls will be handled in the EGWP skill 12/2/2024 * Early Phone lines and opt out will be handled by the Aetna Digital Team |
| Verizon | X91AH/X92AE | * Early phone lines 10/1 |

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| Clients Terming |

The following clients will terminate coverage for their retiree’s benefits with SilverScript EGWP effective 01/01/25. You may continue to receive calls for previous claims and information through client run off period (time may vary). Continue to reference the CIF to assist beneficiaries. For 2025 benefit information, refer the beneficiary to their new PBM.

**Check the CIF for updates regarding the new benefits or PBM for the client.**

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| **Client** | **Client Code** | **Additional Information** |
| Oberlin College EGWP | X9570 | Moving to new PBM |
| RR Donnelly EGWP | X9466 | Moving to Aetna MAPD |
| State of Maryland EGWP | X9544 | Moving to new PBM |
| Thomson Reuters EGWP | X9454 | Moving to new PBM |
| Travelers EGWP | X9583 | Moving to new PBM |
| Rural Letter Carriers EGWP | X9597 | Moving to new POSTAL carrier X91AK |

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