# Compass MED D - Blue MedicareRx (NEJE) - Mistaken Disenrollment of a Beneficiary

[General Information](#_Toc109300947)

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**Description:** This document outlines the process the Blue MedicareRx (NEJE) CCR will follow when a beneficiary has been involuntarily disenrolled in error.

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| General Information |

A beneficiary may be disenrolled in error due to an internal customer service error (failure to follow work instructions or correct processes) and or incorrect information received by CMS.

If a beneficiary says that they were disenrolled in error this **DOES NOT** **ALWAYS** mean that the PDP made an error. The CCR is responsible for researching issue and determining if a PDP error occurred.

 **Note:** Refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b) if the **Disenrollment Reason** found in the **Enrollment Details** section of the **Eligibility & Plan** tab (available from the Medicare D Landing Page) shows one of the following:

* INVOLUNT DISENROLL NO PAY PREM
* NON NEJE INV TERM

Refer to [Process](#_Process) Step 1 for a screenshot of the **Disenrollment Reason** field.

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| Process |

NEJE representatives will follow the steps below:

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| **Step** | **Action** | | | | | | | | | |
| **1** | From the Medicare D Landing Page, click the **Eligibility & Plan** tab and review the **Disenrollment Reason** field in the **Enrollment Details** section. | | | | | | | | | |
| **If the Disenrollment Reason is…** | | | | | **Then…** | | | | |
| LOSS PART D ELIGIBILITY | | | | | We received information from Medicare that you no longer qualify for Medicare Part D coverage which automatically disenrolled you from Blue MedicareRx (NEJE).  **Note:** If beneficiary states they were disenrolled in error, proceed to [Step 2.](#Step2) | | | | |
| MEMB DECEASED | | | | | We received information from Medicare that you/the beneficiary were/was deceased which automatically disenrolled you/the beneficiary from Blue MedicareRx (NEJE).  **Note:** If beneficiary states they were disenrolled in error, proceed to [Step 2.](#Step2) | | | | |
| OUT OF AREA DISENROLLMENT | | | | | Proceed to [Step 3.](#Step3) | | | | |
| INVOLUNT DISENROLL NO PAY PREM | | | | | Refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b) | | | | |
| NON NEJE INV TERM | | | | | Refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b) | | | | |
| Other reasons | | | | | Refer to [Compass MED D - Blue MedicareRx (NEJE) - Compass Disenrollment Reason - Processes and References.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=900e2adf-e76b-463c-8f2b-f431f428b7a6) | | | | |
| **2** | Review the beneficiary’s **Part D** eligibility in Marx.  **Note:** Contact the Senior Team (SRT) for assistance with:   * Reviewing MARx Part D eligibility; and/or * Opening Access to Care if necessary (**3 days or less of medication**)   Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) and [Basic Call Handling](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/AppData/Local/Temp/Temp2_New%20folder.zip/AppData/Local/Temp/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/Downloads/TSRC-PROD-016401). | | | | | | | | | |
| **If …** | | | **Then…** | | | | | | |
| Termedin MARx | | | * How many days’ supply of medication do you have on hand? * If you believe that Medicare may have incorrect information, you must contact the Social Security Administration **(SSA)** to discuss your records. Please request reinstatement of your Medicare Eligibility due to this error. * The SSA can be reached toll-free at <1-800-772-1213>, 8 a.m. to 7 p.m. Local Time Monday through Friday.   + For TTY users, call toll-free at **1-800-325-0778.**   **Do not submit a Support Task if the beneficiary is not reinstated in MARx.** There is no action the plan can take to resolve the issue until eligibility is restored. | | | | | | |
| **If the beneficiary has…** | | | | **Then…** | | |
| More than 3-day supply of medication | | | | Once we receive new information from Medicare about the reinstatement of your eligibility your enrollment will be restored, and we will send you a letter notifying you of the reinstatement.  If this does not occur within 5-7 business days, please contact us to confirm your reinstatement. Please be aware that this time period may be longer during the Annual Enrollment Period, and you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.  **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6.](#Step6) | | |
| 3-day supply, or less medication | | | | Please allow me a moment to contact our Senior Team to assist with the issue.  **Contact the Senior Team** (SRT) for assistance with opening Access to Care.   * Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).   Click the **Create Support Task** button and submit the following **Support Task** in Compass:  **Task Type:** Disenrollment **-** Mistaken Disenrollment  Complete all required fields marked with \*  **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 **has 3 days or** **less** of medication on hand. Access to care was opened. Beneficiary was informed to continue to use plan services. Beneficiary was advised to contact SSA. Eligibility was verified in MARx.     * We have opened Access to Care on your behalf so you can fill any necessary medications at your local pharmacy. Please understand that if your reinstatement is **not** approved, you will be responsible for the full cost of any prescriptions filled during this time. * I have also opened a research task with our member services team to review the issue. Someone will be contacting you within 3 business days to follow up on the issue. Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.   **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6](#Step6). | | |
| Reinstated in MARx but not reinstated into the plan | | | * How many days’ supply of medication do you have on hand? * Please allow me a few moments to submit a research task for this issue.   **Note:** Donotrefer the beneficiary to the Social Security Administration. | | | | | | |
| **If the beneficiary has…** | | | | | **Then…** | |
| More than 3-day supply of medication | | | | | Advise the beneficiary you are opening a research task and advising beneficiary that someone would contact them within 3 business days.  Click the **Create Support Task** button and submit the following **Support Task** in Compass:  **Task Type:** Disenrollment - Mistaken Disenrollment  Complete all required fields marked with \*  **Notes:** Beneficiary called to advise they were 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 has been reinstated in Marx but not reinstated into plan systems.** Beneficiary has **more** than 3 days medication on hand.  I have opened a research task with our member services team to review the issue. Someone will be contacting you within 3 business days to follow up on the issue. Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.  **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6.](#Step6) | |
| 3-day supply, or less medication | | | | | Contact the Senior Team (SRT) for assistance with opening Access to Care.   * Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).   Click the **Create Support Task** button and submit the following **Support Task** in Compass:  **Task Type:** Disenrollment **-** Mistaken Disenrollment  Complete all required fields marked with \*  **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 has been reinstated in Marx but not reinstated into plan systems.** Beneficiary has **3 days or less** of medication on hand. Access to care was opened. Beneficiary was informed to continue to use plan services.     * We have opened Access to Care on your behalf so you can use your benefits. Please note that if your reinstatement is **not** approved, you will be responsible for the full cost of any claims filed during this time. * I have opened a research task with our member services team to review the issue. Someone will be contacting you within 3 business days to follow up on the issue. Please be aware that this time period may be longer during the Annual Enrollment Period and that you will be responsible for the payment of any past due premiums associated with your reinstatement, if approved.   **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6.](#Step6) | |
| **3** | Verify in **Fazal** if an enrollment for the new service area (region) has been taken.  Refer to [MED D Enrollment - FAZAL](CMS-PRD1-078799) for assistance. | | | | | | | | | |
| **If…** | **Then…** | | | | | | | | |
| No | Can a new enrollment be taken without a lapse in coverage? | | | | | | | | |
| **If…** | | | | | **Then…** | | | |
| Yes | | | | | Advise the beneficiary that a new enrollment is needed and provide options for enrollment:   * <https://rxmedicareplans.com/Enrollment> * Medicare Online Enrollment Center   If the beneficiary wishes to speak to an agent, Warm Transfer    **Current enrolled beneficiary**  MA: 888-543-4917  CT: 888-620-1747  RI: 888-620-1748  VT: 888-620-1746  **Prospective (non-beneficiary)**  MA-866-832-9775  CT-866-832-9702  RI-888-496-4174  VT-888-496-4178 | | | |
| No | | | | | Proceed to [Step 5](#ProcessStep5). | | | |
| Yes | Determine if an enrollment is pending for the correct effective date? (Beneficiary has no lapse in coverage)?  Refer to [MED D Enrollment - FAZAL](CMS-PRD1-078799) for assistance. | | | | | | | | |
| **Fazal Status is…** | | | | | **Then…** | | | |
| Incomplete Queue | | | | | 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). | | | |
| Any other status. | | | | | Proceed to [Step 5.](#Step5) | | | |
| **4** | Review any previous cases associated with the issue in the **Recent Cases** paneland all **Medicare D Alerts** located on theMedicare D Landing Page related to the issue and or that reference the disenrollment.  **Common scenarios include of errors:**   * **Incorrect address updates** (e.g., permanent address updated for temporary change, incorrect state, procedural errors) * Beneficiary states they were not advised that a new enrollment was required to precent a lapse in coverage when moving to a new region (OOA) * Beneficiary confirmed address on file is correct however the 12-month OOA clock was not stopped (member services error) * Beneficiary was given conflicting information from multiple CCRs regarding their disenrollment due to moving to a new region   **Note:** It is the CCR’s responsibility to research the issue to the best of their ability to assist the beneficiary in correcting the issue. | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | |
| Yes, potential errors found | | Proceed to [Step 5.](#Step5) | | | | | | | |
| No potential errors found or information contradicts an error | | Beneficiary does not qualify for OOA plan error. Do not submit a Support Task.  I have researched the issue and it does not appear that an error occurred. However, due to moving you may apply for enrollment in your new region. You may also explore further Medicare D coverage options that are available in your service area.  Advise the beneficiary that a new enrollment is needed to and provide options for enrollment:   * <https://rxmedicareplans.com/Enrollment> * Medicare Online Enrollment center   Would you like to speak with an enrollment agent? | | | | | | | |
| **If…** | | | | | | | **Then…** |
| Yes | | | | | | | If the beneficiary wishes to speak to an agent, Warm Transfer    **Current enrolled beneficiary**  MA: 888-543-4917  CT: 888-620-1747  RI: 888-620-1748  VT: 888-620-1746  **Prospective (non-beneficiary)**  MA-866-832-9775  CT-866-832-9702  RI-888-496-4174  VT-888-496-4178 |
| No | | | | | | | Proceed to [Step 6](#Step6) |
| **5** | How many days’ supply of medication do you have on hand?  **Note:** Contact the Senior Team (SRT) for assistance with opening Access to Care if necessary **(3 days or less of medication)** | | | | | | | | | |
| **How many days’ supply of medication does the beneficiary have?** | | | | **Then…** | | | | | |
| More than 3 days | | | | Advise the beneficiary you are opening a research task and advising beneficiary that someone would contact them within 24 – 72 hours regarding their reinstatement.  Click the **Create Support Task** button and submit the following **Support Task** in Compass:  **Task Type:** Disenrollment **-** Mistaken Disenrollment  Complete all required fields marked with \*  **Notes:** Beneficiary was potentially disenrolled in error**. <Include specific information about the error that you have researched**> Beneficiary can be reached at **<current phone number**> at **<best time to contact>.** Please review for plan error(s) and possible reinstatement.  I have opened a research task with our member services team to review the issue. Someone will be contacting you within 3 business days to follow up on the issue. Please be aware that you are responsible for the payment of any past due premiums associated with your reinstatement, if approved.  **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6.](#Step6) | | | | | |
| 3 days or less | | | | * Please allow me a few moments to submit a research task for this issue.   Click the **Create Support Task** button and submit the following **Support Task** in Compass:  **Task Type:** Disenrollment - Mistaken Disenrollment  Complete all required fields marked with \*  **Notes:** Beneficiary was potentially disenrolled in error. Beneficiary can be reached at **<current phone number**> at **<best time to contact>.** Please review for plan error(s) and possible reinstatement.  **Note:** Do not give confirmation numbers for tasks. Member services cannot verify these numbers.  Proceed to [Step 6.](#Step6) | | | | | |
| **6** | * 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 other issues. * Document and close the call according to existing policies and procedures, including all options discussed. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0). | | | | | | | | |
| 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 |

**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](CMS-2-017428)

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