# Compass MED D - Blue MedicareRx (NEJE) Voluntary Disenrollment

[Disenrollment Options](#_Toc105676915)

[Checking the Status or Providing More Information for a Disenrollment Request](#_Toc105676916)

[Beneficiary Not Disenrolled - Plan Error](#_Toc105676917)

[Related Documents](#_Toc105676918)

**Description:** The document assists Blue MedicareRx (NEJE) CCRs with providing the beneficiary the options for voluntary disenrollment when the beneficiary is currently active in the Medicare Prescription Drug Plan.

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| Disenrollment Options |

Perform the steps below:

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| **Step** | **Action** | | | |
| **1** | Verify if the beneficiary is currently active in Compass. | | | |
| **If…** | | **Then…** | |
| Beneficiary is currently enrolled and active in the plan | | I will be happy to provide you with the options to disenroll today.  Proceed to the next step. | |
| Future active | | Proceed to [Compass MED D - Cancellation of Enrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d279a5a4-7ee1-4d5e-a3f7-9f4e71c86efb). | |
| Already disenrolled | | It appears that you have already been disenrolled for (date). Is this correct? | |
| **If beneficiary says…** | **Action…** |
| Yes | Document in **Close Case** according to current policies and procedures.   * **Note:** If the beneficiary states that there has been an error in their disenrollment or does not agree with their disenrollment date, 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). |
| No | I will be happy to assist you with disenrolling today.  Proceed to the next step. |
| **2** | **The CCR is REQUIRED to complete ALL talk tracks and scripting for Steps 2-9 in accordance with Medicare Part D Compliance.**   * Typically, you may disenroll from a Medicare Part D prescription drug plan only during the Annual Election Period from **October 15 through December 7 of each year** or during a Special Election Period. * May I ask for the reason you are requesting to disenroll from the plan?   **Note:** If a beneficiary states they have called multiple times to disenroll and they were not informed of all options to disenroll on the previous calls, proceed to [Beneficiary Not Disenrolled - Plan Error](#_Not_Disenrolled_–) section.   * The plan will review your disenrollment request and will validate whether you have a Medicare approved Election Period to disenroll. * You are still responsible for any premiums that may be billed to you prior to your disenrollment effective date, if approved. * If you do not have a valid Election Period, the plan will be required to deny your request.   Proceed to next step. | | | |
| **3** | Please note CMS requires BlueMedicareRx to obtain all disenrollment requests in writing. We are unable to process a disenrollment verbally over the phone. I will be happy to provide you with each of the four Medicare disenrollment options.  Proceed to the next step. | | | |
| **4** | Provide the beneficiary the following options in this order:  READ VERBATIM  There are four methods that Medicare allows you to use to disenroll from Blue MedicareRx. Let me go over each of the options with you:   * A handwritten request to disenroll that can be either faxed or mailed to the plan. * A disenrollment form that can be mailed to you that you can complete and return to the plan via fax or mail. * You can contact Medicare by calling 1-800-Medicare to request a disenrollment over the phone. * You can enroll into another Medicare Advantage plan with Prescription Drug Coverage (MAPD) or Prescription Drug Plan (PDP) plan.   **Note:** When beneficiary indicates they will do an option, then go to that option and read the option steps.   * If the beneficiary does not indicate a preferred option, then the CCR should ask: Would you like me to mail you a disenrollment form or supply you with the mailing address or fax number for you to send the plan a letter requesting disenrollment? | | | |
| **Option…** | **Then…** | | |
| 1– Handwritten Request to Disenroll | Should you choose to submit your request via a letter, the following information must be included:   * Subscriber/Member ID or Medicare number * Beneficiary Name and Date of Birth * In a brief statement describe the reason for your request to disenroll. * Please ensure that you sign and date the written request to disenroll. * Blue MedicareRx (NEJE) must receive your signed disenrollment request prior to the 1st day of the following month. * Please fax or mail your written request to:   **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **Fax: (866) 342-7048**  Proceed to the next step. | | |
| 2 – Mail the Disenrollment Form | In Compass:   * From the Medicare D Landing Page, navigate to the **Member Resources** tab. * Click the **Member Resources** tab and navigate to the **New Member Resource Order** section. * From the **Resource** drop-down list, select the **Disenrollment Form** and click **Add Resource**. * Verify mailing address and click **Submit**.   **Notes:**   * The Disenrollment form is not available online. * If the beneficiary requests the disenrollment form to be mailed and there is less than 15 days left of the month or AEP suggest other options to ensure the disenrollment is received timely. In this instance, state the following: Due to the transit time for mailing, the form you’re requesting may not be received in time to process your disenrollment for the first of the following month. If you need to be disenrolled for the first of the following month, may I suggest either the option to call 1-800-Medicare or to mail or fax a handwritten letter stating your wish to disenroll.   If prior to the 15th of the month advise the following:  Please allow up to 10 business days to receive the form. Be sure to fill out all the necessary information on the form, sign, and date the form. Please fax or mail it back to:  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **Fax: (866) 342-7048**  Disenrollment form: Click [here](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GDCCO52O/TSRC-PROD-027859).  Proceed to the next step. | | |
| 3 – Call Medicare | You may contact 1-800-Medicare to disenroll over the phone. Please keep in mind that if you wish to disenroll by the end of the month, you will need to contact Medicare prior to the last day of the month:   * Please ask for a Disenrollment Specialist when contacting 1-800-Medicare. * Medicare will ask you for the reason you wish to disenroll. * If Medicare approves your disenrollment request, they will inform Blue MedicareRx and you will receive a notice through the mail that you have been disenrolled from the plan.   Proceed to the next step. | | |
| 4 – Enroll into another Part D plan | The beneficiary can enroll into another Prescription Drug Plan (PDP) or Medicare Advantage plan with prescription drug coverage (MAPD).  READ VERBATIM  Are you aware if the new plan you are enrolling into is either a Medicare Part-D Prescription Drug Plan (PDP) or Medicare Advantage plan with prescription drug coverage (MAPD)?   * If yes, advise the beneficiary once their enrollment into their new plan is approved by Medicare, they will be automatically disenrolled from Blue MedicareRx. * If no or if the beneficiary is unsure, read the following:   READ VERBATIM  If the plan is NOT a Medicare Part-D Prescription Drug Plan (PDP) or a Medicare Advantage plan with prescription drug coverage (MAPD) Medicare will not disenroll you from Blue MedicareRx so you will be required to submit a [handwritten disenrollment request](#Handwritten) to Blue MedicareRx.  Since you (stated no/are not sure) please use one of the other available options that I advised you of in order to disenroll.  Proceed to the next step. | | |
| **5** | If request is during Annual Enrollment Period (AEP October 15-December 7):  In order for us to process your disenrollment and comply with the Medicare requirements for the Annual Election Period, the disenrollment must be received in our office on or before December 7th. | | | |
| **6** | 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), you may be subject to pay a penalty if you enroll in Medicare Part D prescription drug plan in the future. | | | |
| **7** | **Contact your Supervisor or NEJE Dedicated Senior for approval while beneficiary is still on the line.** | | | |
| **8** | Document the call in **Close Case** according to current policies and procedures with the following information:   * You have provided all disenrollment request options. * How the beneficiary states that they will submit the disenrollment request. * Any special circumstances that may have been discussed (i.e., beneficiary submitting disenrollment during the last week of the month and advised to fax or call 1 800-Medicare) * Supervisor or Senior’s First Name   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). | | | |
| **9** | Close the call. | | | |

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| Checking the Status or Providing More Information for a Disenrollment Request |
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If a beneficiary calls to check on the status of their disenrollment request or to provide more information to complete a disenrollment request, the CCR will:

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| **Step** | **Action** | |
| **1** | * Click the **View All** hyperlink in the **Medicare D Alerts** panel to verify the status of the beneficiary’s disenrollment request and whether any additional information was needed for processing. * Proceed to the Member Snapshot Landing Page. In the **Alerts** panel, click the **View All** hyperlink to see Member, Client, Mail, and Medicare D alerts for the beneficiary. | |
| **If the disenrollment request is…** | **Then…** |
| Approved | * Your disenrollment request was sent to Medicare. * You should receive a confirmation of our receipt of the disenrollment request within 15 days. * You will also receive an additional confirmation to confirm Medicare acceptance of the disenrollment request. * Please keep in mind that you are still responsible for any premiums that may have been billed to you prior to your disenrollment effective date.   Proceed to next step. |
| In Progress/Missing information | We need more information before a decision can be made regarding your disenrollment request.  **CCR Process Note:**  Ask the beneficiary/authorized caller to provide the following information that is required for the request, then click the **Create Support Task** button and submit the following Support Task:  **Task Type:** Disenrollment **-** Missing Information for Voluntary Disenrollment  Complete all required fields marked with an \*  **Notes:**   * Qualifying Election Period for the disenrollment. * Signature   + Beneficiary/ Legal Representative can verbally attest to the disenrollment   + If Legal Representative is providing verbal attestation obtain the following information and document in call notes:     - Representative First and Last Name     - Phone #     - Address     - Relationship   You should receive a decision regarding your request within 15 calendar days of our receipt of the disenrollment request.  **Reminder:** Only CMS can approve or deny a beneficiary’s request for disenrollment.  Proceed to next step. |
| **2** | Ask if there are any other benefit questions. | |
| **If…** | **Then…** |
| Yes | * Address any benefit issues. * Document the call in **Close** **Case** according to current policies and procedures.   + 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 | Document the call in **Close** **Case** according to current policies and procedures. 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). |

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| Beneficiary Not Disenrolled - Plan Error |
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When a beneficiary calls the plan requesting to disenroll, CCRs are required to inform the beneficiary of all [Disenrollment Options](#_Process_for_Handling) and complete all required scripting.

**Note:** If a beneficiary is **NOT** provided all options for disenrollment and/or given incorrect information and has a valid Election Period for disenrollment, a Plan Error may have occurred and must be reviewed to determine if the beneficiary qualifies for retroactive disenrollment.

When a beneficiary calls to check on the status of their disenrollment request, the CCR will:

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| **Step** | **Action** | |
| **1** | Review the **Member’s Recent Cases** panel from the Member Snapshot Landing Page to verify if the beneficiary has contacted the plan previously to disenroll and is still enrolled. | |
| **2** | Warm Transfer to dedicated Senior Team 1-800-790-6382. | |
| **3** | The Senior CCR will listen to call(s) to determine whether the beneficiary was given all disenrollment options or incorrect information from **previous notes** and the **beneficiary’s statements**. The Senior CCR will submit a Support Task for additional research. (Include call findings in task notes.)  The beneficiary may state the following example of Plan Error:   * I was advised of all the Disenrollment Options (disenrollment form or written request by mail or fax and or contacting 1-800-MEDICARE and asking for disenrollment specialist or enrolling into another Medicare Advantage plan with Prescription Drug Coverage (MAPD) or Prescription Drug Plan (PDP)).   If the beneficiary states that they were not advised of one or more of the options, then the Senior will be required to research past calls to see if there is a plan error. Do **Not** mention Plan Error.  The Senior will advise that the issue will be researched further, and someone will follow up with them. | |
| **Did the beneficiary state they were not provided information or incorrect information?** | **Then…** |
| Yes | If you feel that you should have already been disenrolled and were not provided all the information I just provided to you, I will be happy to submit a disenrollment research request for you. Someone will reach out to you within 72 hours with a decision.  Click the **Create Support Task** button and submit the following Support Task:  **Task Type:** Disenrollment **-** Mistaken Disenrollment  **Complete all required fields marked with an \***  **Notes:**   * + On XX/XX/XXXX beneficiary contacted the plan to disenroll **OR** Beneficiary contacted the plan on (list dates) to disenroll.   + Beneficiary states that they were not provided all options and / or necessary information to disenroll during previous calls.   + If needed, provide, AOR or POA First and Last Name, phone number, address, and relationship to the beneficiary.   **Reminder:** Only CMS can approve or deny a beneficiary’s request for disenrollment. |
| **4** | Ask if there are any other benefit questions. | |
| **If…** | **Then…** |
| Yes | * Address any benefit issues. * Document the call in **Close Case** according to current policies and procedures.   + 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 | Document the call in **Close Case** according to current policies and procedures.   * 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). |

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| Related Documents |

* Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)
* [MED D Enrollment - FAZAL](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GDCCO52O/CMS-PRD1-078799)
* [MED D - SHIP Counselor Calls for CVS Caremark Part D Plans](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GDCCO52O/CMS-2-029788)
* [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GDCCO52O/CMS-2-021424)
* [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Support RM 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://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GDCCO52O/CMS-PCP1-040036)
* [MED D - CMS Passive Enrollment in MMP - Required Voluntary Disenrollment from the PDP, Opt-Out and Disenrollment from the MMP](CMS-PRD1-095080)

**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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