# Aetna MED D SilverScript - Process for Good Cause Determinations - For Non-payment of Plan Premiums

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**Description:** Outlines steps the Premium Billing Specialized Team will perform when a beneficiary requests reinstatement due to non-payment of plan premiums or has received a favorable, unfavorable, or close out notification of good cause reinstatement. If an individual has been involuntarily disenrolled for failure to pay plan premiums, they may request a review of this decision if they (or their payer) had an uncontrollable circumstance or event that they could not foresee which prevented them from paying their plan premiums within the grace period. The plan will review the Good Cause request to determine if the beneficiary is eligible for reinstatement.

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| High Level Process | |
| 1. [**Identify**](#ProcessStep1) **who is calling.** | |
| 1. [**Verify**](#ProcessStep3) **the beneficiary’s disenrollment reason and date.**  * If the beneficiary is disenrolled for any reason other than non-payment of plan premiums, do not proceed with review for Good Cause. * If the beneficiary is past the 60-day timeframe to request Good Cause, proceed to step 5 and advise the beneficiary that they are not eligible for Good Cause. | If the beneficiary calls after a Good Cause determination has been made, advise the beneficiary regarding the determination. Refer to the [Process for Care - Beneficiary Calls After Good Cause Determination Has Been Made](#_Process_for_Care) section. |
| 1. **[Ask](#Criteria) probing questions and actively listen for the information to document within the GC RM Task.**  * **WHO:** Beneficiary, Spouse, Child, Grandchild etc. * **WHAT:** What was the issue that caused non-payment? * **WHEN:** Date Range within the past 3 months | |
| 1. [**Determine**](#Document) **if the beneficiary had an unforeseen/unexpected circumstance that may qualify for Good Cause Review.**  * If the beneficiary had an unforeseen/unexpected circumstance, proceed to RM task process. * If the beneficiary did not have an unforeseen/unexpected circumstance, proceed to educating the beneficiary. | |
| 1. [**Document**](#ProcessStep7) **the WHO, WHAT and WHEN.**  * If Good Cause Request was submitted all the details need to be documented in the RM Task AND account notes. * If Good Cause Request was NOT submitted because the beneficiary did not provide a valid reason, the details still need to be documented in the account notes. | |

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| General Information |

**** Beneficiaries should never be directed to call Medicare for a Good Cause request. If the beneficiary was disenrolled due to Dunning nonpayment of premiums the Good Cause process **MUST** be followed. All Good Cause requests are handled internally. A Good Cause RM Task **MUST** be submitted for review.

**Notes:**

* For disenrollment’s effectuated by CMS for failure to pay Part D-IRMAA, Federal government error (i.e., CMS, SSA or RRB) caused the payment to be incorrect or late, and the beneficiary was unaware of the error or unable to act prior to the disenrollment effective date. Refer to [MED D SilverScript - Process for Good Cause Determinations for Nonpay of IRMAA (114370)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f4e7222d-05ca-4df5-ad37-a3e97ba336fc).

* To assist in identifying and explaining premium responsibility for beneficiaries who lose LIS (Extra Help) and for beneficiaries who have LIS (Extra Help) but are still responsible for a portion of the premium, refer to [Aetna MED D - SilverScript - Premium Awareness for LIS (Extra Help) and Loss of LIS (054288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18f88931-2356-4f47-a06e-cf632115bf0f).

**CCR Note:** EGWP (SSI or Aetna SSI) Beneficiaries do not qualify for a Good Cause and do NOT need to be transferred to the Premium Billing Specialized Team. Refer EGWP beneficiaries to the information provided by their plan for their questions.

Refer to [Aetna MED D - EGWP & SilverScript - Premium Billing Invoice Requests (097435)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64908004-7bbc-4bdf-9675-4563e984a16a)**.**

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| Process for PB Specialized Care Team - Good Cause for Disenrollment for Non-Payment of Plan Premiums |

 Beneficiaries should be warm transferred to the Premium Billing Specialized Care team (available 24/7) at 1-866-824-4055 for requests for Reinstatement (Good Cause). For other call types that should be warm transferred refer to [Aetna MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (026695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7072bae5-b9f6-4141-991f-9b3d11e7a5bd).

 **Premium Billing Specialized Team ONLY** - All Escalation Calls **must** escalate to a Supervisor. Do not transfer to the Senior Team.

**Supervisor Note:** If needed, submit an escalated secure email to PBSpecializedCare@CVSHealth.com, including the beneficiary’s/member’s name, member ID, MBI, and a summary of the issue for research.

 The PB Specialized Care team should **NOT**:

* Make any promises of reinstatement to the beneficiary during this discussion.

The PB Specialized Care team should perform the following when receiving a call from an individual who has been:

* Involuntarily disenrolled for non-payment of plan premiums

**AND**

* Is requesting reinstatement

**Note:** If the beneficiary does not have all the necessary info at the time of the call (e.g. dates, etc.) then advise them to call back to file the Good Cause request as they only get one opportunity.

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| **Step** | **Action** | | | | | | | |
| **1** | Authenticate and identify the caller. | | | | | | | |
| **If caller is…** | **Then…** | | | | | | |
| Beneficiary | Proceed to [Step 3](#ProcessStep3). | | | | | | |
| POA or AOR | Proceed to [Step 2](#ProcessStep2). | | | | | | |
| **2** | Review **High Priority** comments, and/or Comments on the **MED D** tab, on the beneficiary’s account to **verify** a MED D Appointed Representative Form or Power of Attorney is already on file. | | | | | | | |
| **If…** | **Then…** | | | | | | |
| AOR/POA is on file | Proceed to [Step 3](#ProcessStep3). | | | | | | |
| AOR is NOT on file | A Good Cause request can be submitted if the beneficiary **verbally** provides permission for the non-authorized party to proceed with the request. This is a one-time occurrence.   * If the beneficiary does not provide verbal permission, then send the following RM task:     The **Notes** field should specify that this AOR request is for **Good Cause**.   * Proceed to [Step 8](#ProcessStep9) and end the call.   **Note:** The PB Specialized Care team **cannot** proceed with call if AOR is not on file. AOR can call back to request Good Cause once the AOR form is on file. | | | | | | |
| POA is NOT on file | A Good Cause request can be submitted if the beneficiary **verbally** provides permission for the non-authorized party to proceed with the request. This is a one-time occurrence.   * If the beneficiary does not provide verbal permission, then they can file the POA form by mail or fax:   **SilverScript Insurance**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-552-6205**   * If beneficiary does not wish to file the POA form, they can file an AOR form (refer to [AOR RM task](#ProcessStep2AORNotonFile) above). * Proceed to [Step 8](#ProcessStep9) and end the call.   **Note:** The PB Specialized Care team **cannot** proceed with call if POA is not on file. POA can call back to request Good Cause once the POA form is on file. | | | | | | |
| **CCR Process Note:** It is important that the caller be made aware that the POA must meet the regulations set by the state in which the beneficiary lives. | | | | | | | |
| **3** | Determine the reason for disenrollment by reviewing the **Disenrollment Reason** field on the **Medicare D Inquiry** tab in PeopleSafe. | | | | | | | |
| **If…** | | | | **Then…** | | | |
| Involuntary Disenroll No Pay Premium (Non NEJE INV TERM code) | | | | Proceed to next step. | | | |
| Non-payment of Part D IRMAA | | | | Refer to [MED D SilverScript - Process for Good Cause Determinations - For Non-payment of Part D-IRMAA (114370)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f4e7222d-05ca-4df5-ad37-a3e97ba336fc). | | | |
| Other | | | | If the beneficiary was disenrolled for any other reason besides non-payment of plan premiums, Good Cause would not apply. Refer to the applicable document based on the disenrollment reason. | | | |
| **4** | Confirm the disenrollment effective date is within the **60-day** period. | | | | | | | |
| **5** | Verify if the request is being made **prior** to the Good Cause deadline by reviewing the **View Comments** screen on **Medicare D Inquiry** tab in PeopleSafe. | | | | | | | |
| **If...** | | | **Then...** | | | | |
| Yes, the request is within the 60-day timeframe | | | Proceed to next step. | | | | |
| No, the request is NOT within the 60-day timeframe | | | The beneficiary is **NOT** eligible for good cause reinstatement.     * CMS requires that a request for review for a good cause reinstatement must be made within **60 days** of disenrollment effective date. * Unfortunately, you do not meet that requirement and a review cannot be requested at this time as our records show you were disenrolled from the plan effective <disenrollment effective date>. * You will remain disenrolled in the plan. * You have the option to enroll in another Part D plan when you have a valid election period or during the next Annual Enrollment Period (AEP) (October 15 to December 7). * If you wish to re-enroll into the plan during an upcoming valid election period, you will be required to pay any past due plan premiums associated with your prior enrollment as a condition of enrollment. * I can also check to see if you qualify for a valid Special Election Period (SEP).   + Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a).   Proceed to [Step 8](#ProcessStep9). | | | | |
| **6** | Verify there have been no previous Good Cause requests submitted within the last 60 days by reviewing the **View Comments** on the **Participant Inquiry** tab in PeopleSafe. | | | | | | | |
| **If a Good Cause Request...** | | **Then...** | | | | | |
| Has been submitted within the last 60 days & is still open | | The Good Cause team may reach out to the beneficiary if there was not enough information provided in the original request. **ALWAYS** review prior notes in the Participant Inquiry tab and Med D tab on the account to fully assist the beneficiary. The Good Cause team notes will contain GOOD CAUSE OBC in the subject. If there are notes from the Good Cause team, obtain the needed information from the beneficiary and notate the account. | | | | | |
| Has been submitted within the 60 days and a Determination has been made | | Proceed to [Process for Care - Beneficiary Calls After Good Cause Determination Has Been Made](#_Process_for_Care). | | | | | |
| Has **NOT** been submitted within the last 60 days | | **CCR Note:**  Always actively listen to the beneficiary when probing for a possible Good Cause reinstatement. All details must be documented in the Good Cause RM Task.   * **WHO**    + Beneficiary, Spouse, Child, Grandchild, etc… * **WHAT**   + What was the issue that caused the non-payment? * **WHEN**   + Date range within the past 3 months.   PB Specialized Care team should actively listen and probe beneficiaries for additional information such as dates for the rare circumstances to ensure they fall within the timeline of disenrollment dates. Review [Aetna MED D – SilverScript – Good Cause – Examples of Unforeseen Circumstances (069475)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=94bef2a7-2bb8-424b-9393-0d4cb601a034) for examples of Unforeseen Circumstances.  **Criteria for Good Cause Determination and Reinstatement:**  Reinstatement of enrollment for good cause is provided only in **rare**circumstances in which the **beneficiary or his or her authorized representative** (i.e. the individual responsible for the beneficiary’s financial affairs)was unable to make timely payment due to circumstances over which they had **no control and they could not reasonably have been expected to foresee.**  **A. Examples of circumstances that may constitute a good cause reinstatement include (routed through the plan):**  **Note:** Do not directly ask these questions unless the beneficiary states one of the following criteria.  Health Issues/Sick/Illness:  \*Open a task for ALL health-related issues including mental illnesses/ symptoms of mental illness (memory loss, dementia, Alzheimer’s, etc.)   * What are you suffering from? Describe. * Has this been diagnosed? When? * What is the ongoing treatment? How often? * Any recent complications? Describe. When? * Any hospitalizations/institutionalizations? When? * Recent surgeries or outpatient procedures. When?   \*\* If not the beneficiary, what is the relationship to the beneficiary? Does this person live with the beneficiary?  Hospitalization or Institutionalization (Examples of Institutionalization include but are not limited to Nursing Home, Mental Health Hospital, Rehab Facilities etc.):   * Why did you go to the hospital? When and for how long? (**Note:** If the beneficiary has been in the hospital more than once, the month, year and length of stay needs to be notated for each hospital stay) * What was the diagnosis? * Has there been any recent complications? Describe. When? * What is the ongoing treatment? How often?   \*\*Institutionalization can include rehabilitation center, nursing home, mental health institution, etc.   * Why were you institutionalized? * How long were you there?   Death:   * Who passed away? * What is their relation to you? * When did they pass away? * Did they live with you?   Home Severely Damaged or Extreme Weather Condition:   * What happened? When? * Describe any damage to home. * Were you displaced from your home? If so, for how long?   Other Unexpected Event(s) (Examples of other Unexpected Events could include but are not limited to: Card payment or bank account information used to pay premiums was stolen, identity theft or fraud):  Something that doesn’t meet the criteria above but was unexpected and outside of the beneficiary’s control.   * What happened? When? * If the beneficiary had to leave home to take care of someone, when and how long was the beneficiary away?   **B. Examples of circumstances that DO NOT constitute a good cause reinstatement include:**   * Lost Extra Help (LIS) or had Extra Help (LIS) with a premium due. * Allegation that bills or warning notices were not received due to unreported change of address, out of town for vacation, visiting out of town family, etc. * Authorized representative did not pay timely on beneficiary’s behalf. * Lack of understanding of the ramifications of not paying plan premiums. * Could not afford to pay premiums during the grace period. * Need for prescription medicines or other plan services. * Unaware that the automatic payment option was no longer effective on their account.   **CCR Process Note:**   * Review the reason provided by the beneficiary to determine if it meets one of the criteria and ask additional questions to clarify specifics of event. * Refer to [**Criteria and Questions**](#Criteria) above. * Verify the reason is **unexpected** or **uncontrollable**. Beneficiary stating, they were ‘sick’ or ‘ill’ is **not** sufficient. * Document **all details** beneficiary provides within Notepad - when submitting an RM Task, copy and paste the information from Notepad into the RM Task notes and PeopleSafe View Comments. | | | | | |
| **If the beneficiary or authorized representative…** | | | **Then…** | | |
| Yes, has stated one of the reasons listed that would qualify for a good cause reinstatement review | | | * The reason you provided **may** qualify for a review for a Good Cause Reinstatement. * I am submitting a request to a representative that will be reviewing your request based on the information you have provided today. * A determination will be made within **5 business days**. * Reinstatement is a possibility **only if** it is determined that your failure to make timely payment was due to circumstances over which you had no control and could not reasonably have been expected to foresee. * Should the plan need additional information, a representative will contact you prior to making the determination. * It is important that I obtain a **current telephone number** where the representative can contact you. * You should receive written notification regarding the final decision within the next 2-3 weeks.   If the beneficiary still owes a past due balance :   * Please note, you will still be responsible for paying all past due premiums regardless of the determination. * Before I submit this request, I need to confirm your willingness and ability to pay past due premiums within 90 days of your date of disenrollment.   Submit the following RM Task:  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason for Disput**e: Good Cause   * **Did the beneficiary acknowledge their willingness and ability to pay all overdue plan premiums within three (3) months of the disenrollment date in order for reinstatement to occur? Select a value:** YES or NO * **Confirm and Update the beneficiary’s FULL phone number-This must be included in the task**   **Notes:** Include the following:   1. WHO: Who was impacted by the unforeseen circumstance (ex: the beneficiary, spouse, family member etc.) 2. WHAT: What was the unforeseen circumstance that caused non-payment of plan premiums. 3. WHEN: Date and/or date range of each situation(s) and/or circumstance(s). Examples of this include:    1. Exact date (September 19, 2023)    2. Approximate date range (May and June 2023) 4. Put the current balance due in the Amount Disputed field of the RM Task. The current balance can be found in Net Amount Due field in Med D tab under Premium History.     **Note:** The comments field in PeopleSafe should be used for additional information that does not fit in the RM Task Notes field. Capture all information the beneficiary states, including multiple instances and/or date ranges of uncontrollable events.  **CCR Process Note:**  Use the yes/no dropdown in the RM Task to record the beneficiary’s willingness and ability to pay past due premiums.  You are not required to make a payment today, however, if you choose to make a payment, it doesn’t guarantee you will be reinstated into the plan. Would you like to make a one-time payment via Credit Card/Debit Card or E-check? | | |
| **If the beneficiary responds with...** | **Then…** | |
| **Credit Card/Debit Card** | Refer to [Aetna MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209).    Proceed to **Step 7**. | |
| **E-Check** | Refer to [Aetna MED D – SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (005923)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c4730ff-7093-47c9-a1b5-87593d686394).    Proceed to **Step 7**. | |
| Does **NOT** want to make the payment over the phone with the Premium Billing Specialized Team CCR | Say:  I understand. If your request for reinstatement is approved, you will be required to pay past due premiums within 90 days of your date of disenrollment.  Proceed to **Step 7**. | |
| No, has **not** stated one of the reasons listed that would qualify for a good cause reinstatement review…  **Examples:**   * Lost Extra Help (LIS) or had Extra Help (LIS) with a premium due * Could not pay * Bills were not received * Authorized representative did not pay timely on beneficiary’s behalf. * Lack of understanding of the ramifications of not paying plan premiums. * Need for prescription medicines or other plan services. | | | * Based on the reason(s) you provided, at this time it would appear you do not qualify for a review for a Good Cause Reinstatement. * You will remain disenrolled in the plan. * You have 60 days from the disenrollment date to submit a valid reason for reinstatement due to unforeseen or unexpected circumstances. * You have the option to enroll in another Part D plan when you have a valid election period or during the next Annual Election Period (AEP) (October 15 to December 7). * If you wish to re-enroll into the plan during an upcoming valid election period, you will be required to pay any past due plan premiums associated with your prior enrollment as a condition of enrollment. * I can also check to see if you qualify for a valid Special Election Period (SEP).   + Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a). * **What should you do if the member provides an invalid reason for non-payment?**   + Inform members that the plan mailed three or more notifications for two months prior to disenrollment. Due to no action being taken on the behalf of the member, CMS now requires the member to provide a valid unforeseen circumstance that prevented a payment prior to the due date. To be considered for reinstatement the member must attest to recent unforeseen circumstances within the last three months. If the member cannot provide any unforeseen circumstances the plan will remain disenrolled.   **CCR Process Note:** The CCR **MUST** document on the beneficiary’s account the reason for the non-payment, the beneficiary has been educated on the reason why they do not qualify for Good Cause and were provided the option to see if qualify for SEP. | | |
| **If...** | | **Then...** |
| Beneficiary states that they were disenrolled due to an error caused by the plan.  **Note:** Plan errors are errors made by the plan which cause the beneficiary to be disenrolled in error. If the beneficiary overlooked the notifications sent by the plan, failed to update their address, or did not submit the payment on time, it would not be considered plan error.  **Examples:**   * Address not in system after address change was requested by the beneficiary. * Beneficiary requested autopay but wasn’t set up properly or at all. * Beneficiary contacted the plan prior to disenrollment and was not advised or was advised incorrectly about premiums/dunning. | | Refer to the Disputing Dunning/Disenrollment section of [Aetna MED D - SilverScript - Premium Billing Dunning and Disputes Process (026593)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c9ae8d9a-2459-4cb4-8b20-90ae27a97756).  **CCR Process Note:**  The CCR **MUST** ensure that they have followed the Good Cause process and determined that the beneficiary doesn’t qualify for Good Cause and has fully researched the beneficiary’s account before following the plan error process (Disputing Dunning/Disenrollment). |
| **7** | Document the following information in the Participant Inquiry Comments:   * **WHO:** Who was impacted (ex: the beneficiary, spouse, family member etc.) * **WHAT:** The reason for non-payment. * **WHEN:** Date and/or date range of each situation(s) and/or circumstance(s).   **CCR Note:** Please list all valid and/or invalid reasons the beneficiary provided for non-payment in the account notes.  Proceed to Step 8. | | | | | | | |
| **8** | Ask if there are any other questions. | | | | | | | |
| **If…** | **Then…** | | | | | | |
| Yes | * Address any issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62)work instruction.   + Refer to [FAQs](#_FAQs) below.   **Log Activity:** [Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)  **Resolution Time:**  Information = immediately | | | | | | |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62)work instruction.   **Log Activity:** [Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)  **Resolution Time:**  Information = immediately | | | | | | |

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| Process for Care - Beneficiary Calls After Good Cause Determination Has Been Made |

The PB Specialized Care team should perform the following when receiving a call from an individual who has received a favorable, unfavorable, or close out notification of good cause reinstatement:

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| **Step** | **Action** | | | |
| **1** | Review the account notes, Good Cause RM task and ONEclick to determine which determination and letter the beneficiary received. | | | |
| **If the beneficiary has received…** | | **Then…** | |
| Favorable Good Cause Determination letter and owes a balance | | * You have received a favorable good cause determination but have an outstanding balance on your account. * Payment of the past due balance MUST be received by the plan by <MM/DD/YYYY>. You will NOT be reinstated into the plan or have access to your prescription drug coverage, until the payment is received. * I would be happy to assist you with your payment today. * You can make a one-time payment via credit card, eCheck or you can mail in your payment. * Which payment method can I assist you with?   **CCR Process Note:**   * Verify the outstanding balance at time of disenrollment owed in the **Medicare D Inquiry** tab and **View Activity** notes.   + These notes are left by the Premium Billing team. * Refer to **Billing Correspondence** in **OneClick.** * The beneficiary is required to pay the full past due balance on their account.   Beneficiaries are not eligible for payment plan. Do **NOT** open an RM Task for payment plan. | |
| **If the beneficiary says…** | **Then…** |
| One-Time Credit Card or E-Check | **CCR Process Note:** Refer to the [Aetna MED D - SilverScript Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (005923)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c4730ff-7093-47c9-a1b5-87593d686394) and[Aetna MED D - SilverScript Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209) work instruction. Determine outstanding balance and assist beneficiary with making payment.     * Thank you for your payment today. * Once the full payment is received and validated, the reinstatement will be processed **within 5 calendar days**. * You will then be able to use your prescription drug coverage. * The plan will send written notification to confirm your reinstatement. * Once reinstated, you will receive invoices for additional plan premiums during the reinstatement process.   **CCR Process Note:**  Document **View Comments** in beneficiary’s PeopleSafe account with the following verbiage:   * Beneficiary paid <partial or total> Good Cause Reinstatement amount of $xx.xx and Confirmation number of payment*.*   Proceed to [Step 2](#FavUnFavClosStep2). |
| Mail-in Payment | Determine beneficiary’s outstanding balance.     * Your outstanding balance is $xx.xx. * Your prescription benefits will not be reinstated until the past due amount had been paid in full. * You can make partial payments but know that payment of the balance must be received in full by the date listed in the determination letter. * You can mail your personal check or money order for the <partial or full> amount found on the Favorable Good Cause Determination letter you received to:   **SilverScript Insurance Company**  **P.O. Box 7411650**  **Chicago, IL 60674-5650**  **CCR Process Note:** Verify the date payment is due. Refer to PeopleSafe - View Comments.  **If beneficiary is calling close to the payment deadline, offer the following:**     * Your payment deadline is <MM/DD/YYYY>. * As payment deadline approaches you may want to consider submitting a one-time credit card payment. * This will ensure your prescription benefit is reinstated. * If you miss the payment deadline, you will remain disenrolled from the plan.   **CCR Process Note:**   * Document the account in **PeopleSafe** with the following verbiage:   + Beneficiary is mailing in the payment of $xx.xx, and was advised this payment must be received by xx/xx/xx date.   Proceed to [Step 2](#FavUnFavClosStep2). |
| Unfavorable Good Cause Reinstatement Letter (Exhibit 21d) | | **CCR Process Note:** Access notes in PeopleSafe to determine why the beneficiary received an unfavorable letter.     * We reviewed your request to get your coverage back, and your request has been denied. * This is because <your request doesn’t meet the criteria for reinstatement> **OR** <we were not able to reach you to get the information needed to see if your circumstances meet the criteria for reinstatement>. * This means you’ll remain disenrolled from your plan. This decision is final and cannot be appealed. * However, you may enroll in a plan for a prospective enrollment effective date if you have a valid election period (i.e., AEP, SEP, etc.) * Please note, all past due premiums must be paid before you can re-enroll in the plan. * I can check to see if you qualify for a valid Special Election Period (SEP).   **CCR Process Note:** Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a).  Refer toGrievance Standard Verbiage section in [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2) if the beneficiary still expresses dissatisfaction. | |
| Failure to Pay Plan Premiums within 3 Months of Disenrollment(Exhibit 21e) | | **CCR Process Note:** Access notes in PeopleSafe to determine why the beneficiary received a close out good cause reinstatement letter.     * We recently sent you a letter letting you know that we gave you a favorable decision on your request to get your coverage back. * The letter told you that to be reinstated into the plan you had to pay all past due plan premiums within 90 days from the disenrollment effective date.   **CCR Process Note:** Refer to **Billing Correspondence** in OneClick.   * Because you didn’t pay the full amount you owe by the deadline, you will stay disenrolled from your Medicare Prescription Drug plan. This decision is final and cannot be appealed. * However, you may enroll in a plan for a prospective enrollment effective date if you have a valid election period (i.e., AEP, SEP, etc.) * Please note, all past due premiums must be paid before you can re-enroll in the plan. * I can check to see if you qualify for a valid Special Election Period (SEP). | |
| Favorable Good Cause Determination with No Plan Premium Amount Due (Exhibit 21f) | | * You received this letter because we received the plan premium you needed to pay for your coverage to be reinstated. * You have been reinstated in your Medicare Part D plan with no gap in coverage. * If you paid out of pocket for medications during your disenrollment, you could send in paper claim forms for review.   **CCR Process Note:** Do **not** make any promises of reimbursement.   * Refer to the [Paper Claims (004651) - Expired](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3e2ac8e2-4c43-4d42-8cb0-1c3ed670f744) work instruction.   Proceed to [Step 2](#FavUnFavClosStep2). | |
| Confirmation of Reinstatement (Exhibit 22a) | | * You received this letter because any past-due plan premiums have been paid in full and your Medicare Part D benefits have been reinstated with no lapse in coverage. * If you paid out of pocket for medications during your disenrollment, you could send in paper claim forms for review.   **CCR Process Note:** Do **not** make any promises of reimbursement.   * Refer to the [Paper Claims (004651) - Expired](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3e2ac8e2-4c43-4d42-8cb0-1c3ed670f744) work instruction.   Proceed to [Step 2](#FavUnFavClosStep2). | |
| **2** | Ask if there are any other benefit questions. | | | |
| **If…** | **Then…** | | |
| Yes | * Address any benefit issues.   + Refer to [FAQ section](#_FAQs). * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62)work instruction.   **Log Activity:** [Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)  **Resolution Time:**  Information = immediately | | |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62) work instruction.   **Log Activity:** [Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)  **Resolution Time:**  Information = immediately | | |

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| FAQs |

Refer to the following FAQs for additional information:

* [Determination](#FAQDeter)
* [Notifications](#FAQNotif)
* [Request](#FAQRequest)
* [Dissatisfaction](#FAQDiss)
* [Reinstatement](#FAQReinstate)

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| **Determination** | | |
| **1. What should the PB Specialized Care team do if the beneficiary does not have all the information required for a Good Cause Reinstatement request?** | * The plan has **5 business days** to make a determination, so it’s important that you provide us with as much detail **and dates** as possible on this call. * It’s important to know that you can only make one request for this disenrollment within a 60-day period; therefore, it’s important we receive detailed information **and dates** about your uncontrollable/unforeseen situation. * You do not need to provide the exact dates. Do you have the approximate date(s) or date range(s)? | |
| **2. Has the plan made a determination?**  OR  **When will a determination be made?** | Confirm a task has already been submitted, and then verify whether the account has been notated with a determination. Do **not** open a second task for a pending determination. | |
| **If Task is…** | **Then…** |
| Open | The plan has **5 business days** to make a determination; written confirmation will be sent once a determination has been made within the next 2-3 weeks.  **CCR Note****:** Review the notes on the account. If the Good Cause team left notes stating that additional information is needed, obtain that information from the beneficiary and notate the account. |
| Closed | Communicate the determination <favorable or unfavorable> to beneficiary.  Refer to [Process for Care - Favorable, Unfavorable or Close Out Notification of Good Cause Reinstatement](#_Process_for_Care). |
| **3. Will someone call me when a determination has been made?** | * No. * You will be receiving written notification regarding the final decision within the next 2-3 weeks. | |
| **Notifications** | | |
| **4. I was told I would receive written notification regarding final decision and I haven’t received anything.** | **CCR Process Note:** Review the notes in beneficiary’s account and refer to letters (labeled **Billing Correspondence**) in OneClick to determine if address and date letter was mailed.  A letter was mailed to <this address> you on <date>. | |
| **5. I received a letter says I will remain disenrolled from the plan even though I received a favorable determination. What does that mean?** | **CCR Process Note:** Access notes in view comment section of the Medicare D Inquiry Tab in PeopleSafe to determine why the beneficiary received a close out good cause reinstatement letter.     * We recently sent you a letter letting you know that we gave you a favorable decision on your request to get your coverage back. * The letter told you that in order to be reinstated into the plan you had to pay all past due plan premiums within 90 days from the disenrollment effective date.   **CCR Process Note:** Refer to **Billing Correspondence** in OneClick.   * Because you didn’t pay the full amount you owe by the deadline, you will stay disenrolled from your Medicare Prescription Drug plan. This decision is final and cannot be appealed. | |
| **Request** | | |
| **6. Can I resubmit a good cause reinstatement request?** | * No, you can only submit one request related to this disenrollment. * You may enroll in a plan for a prospective enrollment effective date if you have a valid election period (i.e. AEP, SEP, etc.) * Please note, all past due premiums must be paid before you can re-enroll in the plan. * I can check to see if you qualify for a valid Special Election Period (SEP).   + Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a). | |
| **Dissatisfaction** | | |
| **7. I am not satisfied with the decision. What can I do?** | I can check to see if you qualify for a valid Special Election Period (SEP).  Refer to [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a). | |
| **Reinstatement** | | |
| **8. I’ve paid my balance; can I be reinstated?** | **CCR Process Note:** Verify that the beneficiary received a Favorable Good Cause determination - refer to **Med D Inquiry** tab in PeopleSafe and confirm that they have satisfied the past due balance.  It may take up to 5 calendar days for your reinstatement to be processed once the balance has been satisfied and posted to your account. | |
| **Good Cause Team Outbound Calls** | | |
| **9. I received a call or voicemail stating that someone from SilverScript called me. Why did I receive a call?** | In the event that the Good Cause team needs additional information from a beneficiary after a Good Cause RM task was submitted, the Good Cause team may make Outbound calls (OBCs) to the beneficiary to obtain the missing information. The Good Cause team leaves detailed notes on the account regarding what information is needed if the beneficiary calls back into Customer Care.    I would be happy to assist. Please allow me to review the notes on your account.    The CCR MUST review the High Priority Comments that pop-up when pulling up a beneficiary’s account and the Participant Inquiry Comments on the beneficiary’s account. After reviewing the notes on the account, the CCR MUST ask the beneficiary the probing questions based on the notes left by the Good Cause team and notate the account with that information.    **Example:** | |

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2)
* [MED D - Close Out Good Cause Reinstate Req Fail to Pay Plan Prem Y0080\_52333 (102109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=75a921d5-e8cc-4b0a-8323-70b2898cd8ff)
* [MED D - Close Out Good Cause Reinstate Req Fail to Pay Plan Prem Y0080\_52333\_SP (102108)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8c54bcb9-a67c-4ce1-9034-4fdbfa7b223d)
* [MED D - Fav. GC Det. for NonPay of Plan Prem No Prem Due Y0080\_52388\_21f\_2016 (112963) - Expired](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b1d0c2b3-5b4f-4179-b0ff-3d5b4448ff15)
* [MED D - Fav. Good Cause Det. for NonPay of Plan Prem. Lttr 21c Y0080\_52331 (102105)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdcc2ab5-c0e9-4d9f-8c7b-7dc371106736)
* [MED D - Fav. Good Cause Det. for NonPay of Plan Prem. Lttr 21c Y0080\_52331\_SP (102104)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fe3c38d3-6ac6-450c-b593-a9a8430b4cf0)
* [MED D - Good Cause Confirmation of Reinstatement Letter 22a (063869)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5d0c3276-4d64-4912-96fa-bf9540d1fa26)
* [MED D - Unfavorable Good Cause Det. for NonPay Plan Prem Lttr 21d Y0080\_52332 (102106) - Expired](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d23e883a-2218-42c6-964a-9fc63f6206cc)
* [MED D - Unfavorable Good Cause Det. for NonPay Plan Prem Lttr 21d Y0080\_52332\_SP (102107)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c55a78bb-086f-43bd-b224-c2c10bf9dcd9)

**Parent Document:** [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 (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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