# Compass MED D - Blue MedicareRx (NEJE) - Process for Good Cause Determinations - For Non-payment of Plan Premiums

[Process for Care - Disenrollment for Non-Payment of Plan Premiums](#_Toc208252150)

[Process for Care - Favorable, Unfavorable or Close Out Notification of Good Cause Reinstatement](#_Toc208252151)

[FAQs](#_Toc208252152)

[Related Documents](#_Toc208252153)

**Description:** Process CCRs follow when a beneficiary requests reinstatement due to non-payment of plan premiums or receives notification regarding good cause reinstatement. If an individual is involuntarily disenrolled for not paying plan premiums, they may request a review if unforeseen circumstances or events prevented payment within the grace period. The plan reviews the Good Cause request to determine eligibility for reinstatement.

|  |
| --- |
| Process for Care - Disenrollment for Non-Payment of Plan Premiums |

Icon - Important The CCR should **NOT**:

* Directly ask (i.e., solicit) the caller if they had an unforeseen or uncontrollable circumstance as to why they didn’t pay timely to start the good cause process.
* Make any promises of reinstatement to the beneficiary during this discussion.

The CCR should perform the following when receiving a call from an individual who has been:

* Involuntarily disenrolled for non-payment of plan premiums
* States they had an emergency that kept them from making their payment on time
* **AND**
* Is requesting review of the decision

**Note:** If the beneficiary does not possess all required information at the time of the call (e.g., dates, etc.), they should be instructed to contact us again to submit the Good Cause request, as only one opportunity is permitted per disenrollment period.

Perform the steps below:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | During the **Caller Authentication** process, if the member has a Privacy Record such as a Power of Attorney (POA) and/or Appointed Representative (AOR) on their account, the **Padlock** icon will display.     If yes, click the **Privacy Information** button and review the Privacy Records screen to protect member privacy. For further information, refer to [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c) and/or [Compass - Forms Members Can Submit to Authorize and Release of Information for Their Account (053891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91b652db-c5b2-4769-b300-e1e2c95ec009). | | | | | | | | | |
| **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 AOR Support Task:   Click the **Create Support Task** button.  **Task Type:** Fulfillment  **Type of Form:** Authorization Release Form  **Requested Info:** One Time Release Form  **Task** **Notes:** Specify that this AOR request is for **Good Cause**.  Proceed to [Step 9](#ProcessStep9) and end the call.  **Note:** The CCR 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.  If the beneficiary **CANNOT** provide verbal consent because of physical limitations, CCRs can proceed with the call, even if the AOR documents are not on file.   * The individual who is the legal representative must attest to being legally able to act on the beneficiary’s behalf for the Good Cause task to be submitted by someone other than the beneficiary. * CCRs should include the Third Party Requestor’s Name, Relationship, and Phone Number in the Task Notes to allow the Premium Billing Department to complete follow-up. | | | | | |
| 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:   **Blue Medicare Rx**  **P.O BOX 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-342-7048**   * If the beneficiary does not wish to file the POA form, they can file an AOR form (refer to [AOR Support Task](#ProcessStep2AORNotFile) above). * Proceed to [Step 9](#ProcessStep9) and end the call.   **Note:** The CCR **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.  If the beneficiary **CANNOT** provide verbal consent because of physical limitations, CCRs can proceed with the call, even if the POA documents are not on file.  The legal representative must confirm they are authorized to act for the beneficiary before submitting a Good Cause task on their behalf. Task Notes should include the third party's name, relationship, and phone number so the Premium Billing Department can follow up. | | | | | |
| **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 Landing Page within the **Enrollment Details** section of the **Eligibility & Plan** tab. | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | |
| Involuntary Disenroll No Pay Premium | | Proceed to next step. | | | | | | | |
| When the Issue May Be a Plan Error (Not Good Cause) | | If a **billing or payment error** occurred due to a **mistake by the plan**, the member **may be reinstated**—but this is **not considered a Good Cause reinstatement**.  Examples of plan errors include:   * + Incorrect premium amounts billed   + Payment not applied correctly   Refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (066267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b). | | | | | | | |
| **4** | Confirm the disenrollment effective date is within the **60-day** period by reviewing the **Disenrollment Application Date** on the Medicare D Landing Page within the **Enrollment Details** section of the **Eligibility & Plan** tab.    **OR**  From the Medicare D Landing Page in the **Medicare D Member Details** panel. | | | | | | | | | |
| **5** | Verify that the request is being made **prior** to the Good Cause deadline by reviewing the **Medicare D Alerts** panelon the Medicare D Landing Page in Compass by clicking the **View All** link.    **Result:** The Alerts screen displays. | | | | | | | | | |
| **If...** | **Then...** | | | | | | | | |
| Yes | Proceed to next step. | | | | | | | | |
| No | 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 9](#ProcessStep9). | | | | | | | | |
| **6** | Verify there have been no previous Good Cause requests submitted within the last 60 days by reviewing the **Alerts** on the Member Snapshot Landing Page and click **View All** hyperlink.    **Result:** The Alerts screen displays. | | | | | | | | | |
| **If a Good Cause Request...** | | | | | **Then...** | | | | |
| Has been submitted within the last 60 days | | | | | The Good Cause team may reach out to the beneficiary if there was not enough information provided in the original request. **ALWAYS** review prior **Alerts** ontheMedicare D Landing Page, **Case Comments**, and **Member’s Recent Cases** panels (located within the Case Details Landing Page) on the account to fully assist the beneficiary. The Good Cause team notes will contain GOOD CAUSE OBC in the subject. | | | | |
| Has **NOT** been submitted within the last 60 days | | | | | **CCR Read the Disclaimer below to the beneficiary.**     * I understand that your disenrollment was due to non-payment and that you are seeking reinstatement. I am committed to assisting you with this issue. If you experienced an emergency or unforeseen circumstance beyond your control that prevented timely premium payment, I can request a review of the decision for possible reinstatement. * I would like to request specific information from you. Providing these details is essential for us to process your potential reinstatement and restore your benefits.   **CCR Note:** You will proceed to ask the probing questions and notate the information needed within the Good Cause Support Task.  **Criteria for Good Cause Determination and Reinstatement:**  Reinstatement of enrollment for good cause is provided only in **rare circumstances** where the **beneficiary or their authorized representative** (i.e., the individual responsible for the beneficiary’s financial affairs) was **unable to make timely payment** due to **unforeseen and uncontrollable events**. These events must be such that the individual **could not reasonably have been expected to foresee or prevent** them.  **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 Conditions/Medical Concerns/Illnesses:**  \**Open a Support Task for all health-related issues, including mental illness or cognitive impairment.*   * 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 or institutionalizations? When? * Any recent surgeries or outpatient procedures? When? * If not the beneficiary: What is your relationship to them? Do you live with them?   \*\*\***If not the beneficiary, state their relationship to the beneficiary.** Does this person live with the beneficiary? Provide their full first and last name for documentation.  **Hospitalization or institutionalization:** *includes nursing homes, rehab centers, mental health facilities, hospice, etc.*   * Why did you go to the hospital? When and for how long? * What was the diagnosis? * Any recent complications? Describe. When? * What is ongoing treatment? How often? * Why were you institutionalized? * How long were you there?   **Death of a Close Individual**   * Who passed away? * What is their relation to you? * When did they pass away? * Did they live with you?   **Home Damage / Extreme Weather**   * What happened? When? * Describe the damage to your home. * Were you displaced? If so, for how long?   **Other Unexpected Events**  *Must be unforeseen and outside the beneficiary’s control.*   * What happened? When? * If you had to leave home to care for someone, when and for how long?   **Additional Examples to Listen For**  If mentioned, probe further and document:   * House fire or flood * Car accident * Victim of crime or theft * Financial fraud or identity theft * Natural disaster * Severe medical diagnosis (e.g., ALS, cancer, stroke, dementia)   **\*\* CCR Education Note – Guidance for Probing: \*\***   * Clearly identify the individual(s) affected (e.g., beneficiary, caregiver). * Specify the event or condition that occurred. * Indicate when the incident took place (provide exact or approximate dates). * Utilize Support Task Notes to comprehensively document all pertinent information.   **B. Situations that are not valid reasons for good cause reinstatement include:**   * Failing to receive bills or notices due to an unreported address change, travel, or similar reasons. * An authorized representative missing payment without unforeseeable circumstances. * Not understanding the consequences of missing premium payments. * Being unable to pay premiums during the grace period. * Needing prescriptions or other plan services.   **CCR Process Note:**  Refer to [Criteria and Questions](#Criteria) above   * **Review the reason provided by the beneficiary** to determine if it aligns with one of the qualifying Good Cause criteria. Use the probing questions section to guide your assessment. * **Clarify specifics** by asking follow-up questions that establish:   + WHO was impacted (beneficiary, caregiver, family member)   + WHAT occurred (illness, hospitalization, disaster, fraud, etc.)   + WHEN it happened (exact or approximate dates within the last 3 months) * **Validate the nature of the event**:   + The situation must be **unexpected and uncontrollable**.   + General statements like “I was sick” or “I forgot” are **not sufficient**. Probe for diagnosis, treatment, and impact. * **Document thoroughly**:   + Capture all relevant details in the **Edit Case Comment** section.   + When submitting a Support Task, **summarize and transfer** the WHO-WHAT-WHEN details from Edit Case Comments into the Support Task notes.   + Ensure consistency between Edit Case Comments and Support Task notes to avoid confusion or delays in review. | | | | |
| **If the beneficiary or authorized representative…** | | | **Then…** | |
| Has provided one of the qualifying reasons that may warrant a review for good cause reinstatement. | | | **Please obtain approval from the Senior Team or Supervisor prior to submitting a Support Task. Ensure that the beneficiary meets the criteria for a valid Good Cause circumstance before initiating a Good Cause Support Task.**     * The reason you provided **may qualify** for a review under the Good Cause Reinstatement policy. * I will submit a request to our **Premium Billing team**, who will review your situation based on the information you’ve shared today. * A **decision will be made within 5 business days**. * If your request is **approved**, and you’ve **paid your past-due premiums**, your coverage will be **reinstated within 5 business days** of that approval. * This decision is based on your explanation that you were **unable to make your payment on time due to circumstances beyond your control**—something you couldn’t have planned for or prevented. * If the team needs more information, they may **call you**, so please try to **answer any calls from us** to avoid delays. * It’s important that I get a **current phone number** where the team can reach you. * You’ll receive a **written letter** with the final decision within **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.   **CCR Process Note:**  In the Premium Billing Inquiry Medicare D Support Task, use the **Good Cause Task, ‘Specialized Team Only’** dropdown and select Yes/No to record the beneficiary’s willingness and ability to pay past due premiums. This dropdown will only appear when “Good Cause” is selected as the **Reason for Dispute**.  Proceed to the next step to create a [Support T](#ProcessStep7)ask. | |
| **When the Beneficiary Does Not Provide a Qualifying Reason**  **❌ Common Examples That Do *Not* Qualify:**   * “I couldn’t afford to pay.” * “I didn’t get the bills.” * “My representative forgot to make the payment.” * “I didn’t understand what would happen if I missed a payment.” * “I needed my medications or plan services.” | | | * Based on the reason(s) you’ve provided, it appears you do not qualify for a Good Cause Reinstatement review at this time.   ➤ You can only submit one request per disenrollment period, and it cannot be appealed.  ➤ Because your situation does not meet the criteria, we will not open a Good Cause case.   * You will remain disenrolled from the plan. * You still have 60 days from your disenrollment date to submit a valid reason for reinstatement—this must be due to an unforeseen, uncontrollable, or unexpected circumstance that prevented you from making your payment on time. * 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).   Proceed to [Step 9](#ProcessStep9). | |
| **7** | Determine if a Support Task is needed. | | | | | | | | | |
| **If the beneficiary’s reason isn’t considered good cause & beneficiary says…** | | | | | | **Then...** | | | |
| * “I didn’t have any money.” * “I didn’t receive the letters.” * “I forgot to update my address.” * “I was out of town visiting family.” * “I didn’t understand the consequences of missing a payment.” * “I needed my medications or plan services.” * “I thought my automatic payments were still active.” * “My representative didn’t pay on my behalf.”   **Note:** AOR/POA must be on file. Refer to [Step 2](#ProcessStep2) in Process section. | | | | | | **DO NOT SUBMIT A SUPPORT TASK.**  **CCR Guidance:**  These reasons **do not qualify** for a Good Cause Reinstatement. Opening a case that will be automatically denied creates unnecessary work for the Premium Billing team and does not benefit the member. The member only gets **one Good Cause request per disenrollment period**, and it **cannot be appealed**.  **Action:**   * **DO NOT submit a Good Cause Support Task** for these reasons.   *If the beneficiary believes they were disenrolled due to a billing or payment error caused by the plan, this may be reviewed under the Dunning and Disputes process, not Good Cause.*  **Examples of plan errors:**  Incorrect premium billed  Payment not applied correctly  Refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (066267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b). | | | |
| What Qualifies for Good Cause Reinstatement?  [See Criteria section above.](#Criteria) | | | | | | Click the **Create Support Task** button.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** Input the Net Amount Due (found on the Medicare D Landing page, Premium Billing tab).  **Reason For Dispute:** Good Cause (This selection will generate a mandatory field: Good Cause Task, Specialized Team Only’.)  **Good Cause Task, ‘Specialized Team Only’:** Select YES or NO  **Note:** Hover over the information  icon to display the following text: “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?”  **Confirm and Update the beneficiary’s FULL Name (relationship if third party) and contact phone number. This must be included in the Support Task.**  **Complete** all required fields marked with an (\*).  **Notes:** Include the following:   * + Criteria Reason with     - * Date and/or date range of each situation(s) and/or circumstance(s). Examples of this include:     - Exact date (September 19)     - Exact date range (September 2 – September 30)     - Approximate date (beginning of May)     - Approximate date range (May and June)   **Note:** The Edit Case Comment field should be used for additional information that does not fit in the Support Task Notes field. Capture all information the beneficiary states, including multiple instances and/or date ranges of uncontrollable events.  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.  Provide the **Target Completion Turn Around Time** listed in the task.  Proceed to [Step 8](#ProcessStep8). | | | |
| **Additional Tips** | | | |
| **Supporting Details** | | | Add supporting details in the Edit Case Comment section without overloading the Support Task allowing a response from Premium Billing in the task notes. |
| **Duplicate Support Tasks** | | | Ensure there are no other Support Tasks open or in process about the same issue. Refer to [Compass - View Support Task History (050044)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1674c564-fc41-42ad-a7c2-f3b610716cba).  **Beneficiaries can ONLY have 1 request for Good Cause Reinstatement per Disenrollment for non-payment of premiums. Ensure a Good Cause Request Support Task has not already been submitted within the last 60 days.** |
| **Align Support Task notes and Compass Case Comments** | | | * Premium billing representatives will be referencing both Support Task Notes and Case Comments to make Good Cause determinations. * CCR must make sure Support Task Notes and Case Comments have the same information to prevent confusion.   **Tip:** Before ending call, check **Case Comments** to make sure the notes are the same as the Support Task notes. |
| **8** | * You have the opportunity now to make a payment for past due premiums. Please note, you will still be responsible for paying all past due premiums regardless of the determination. * Would you like to make a payment now? | | | | | | | | | |
| **If...** | | | **Then...** | | | | | | |
| Yes | | | **CCR Process Note:** Refer to the [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032) and[Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789) work instruction. Determine outstanding balance and assist beneficiary with making payment. | | | | | | |
| No | | | Proceed to [Step 9](#ProcessStep9). | | | | | | |
| **9** | 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  [Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b" \t "_blank) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).   + Refer to [FAQs](#_FAQs) below.   **Resolution Time:**  Information = immediately | | | | |
| No | | | | | * Document and close the call according to current policies and procedures.   + Refer to  [Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).   **Resolution Time:**  Information = immediately | | | | |

[Top of the Document](#_top)

|  |
| --- |
| Process for Care - Favorable, Unfavorable or Close Out Notification of Good Cause Reinstatement |

The CCR 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | Determine what letter the beneficiary received. | | | |
| **If the beneficiary has received…** | **Then…** | | |
| [Favorable Good Cause Determination letter and owes a balance (015692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02d65048-2f9d-4025-aaa2-6a09daf7eaf1) | * 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 the date on your Good Cause Favorable letter. You will NOT be reinstated into the plan and gain 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 Alerts** on theMedicare D Landing Page. * These notes are left by the Premium Billing team. * Refer to **Billing Correspondence** in **ONEclick** located from the **Communications** hyperlink in the **Quick Actions** panel on theMember Snapshot Landing Page. * The beneficiary is required to pay the full past due balance on their account.   Beneficiaries are not eligible for payment plan. Do **NOT** open a Support Task for payment plan. | | |
| **If the beneficiary says…** | | **Then…** |
| One-Time Credit Card or E-Check | | Refer to the[Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (066459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e6341b-d1ed-4b15-bd10-6eb6a3ed92a5)work instruction.  **CCR Process Note:** Refer to the[Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032) and[Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789) 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 **Case Comments** in beneficiary’s account with the following verbiage:   * Beneficiary paid <partial or total> Good Cause Reinstatement amount of <$xx.xx> and Confirmation number of payment*.*   Proceed to [Step 2](#FavUnfavClosStep2). |
| Mail-in Payment | | Determine outstanding balance.     * Your outstanding balance is <$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 and checks mailed are subject to mail delivery delays. * 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:   **The corresponding lockbox for Blue MedicareRx (NEJE) State P.O. Box Addresses below are MA 411997, VT 410001, RI 411999, CT 410003:**    **Blue MedicareRx CT**  **P.O. Box 410003**  **Boston, MA 02241-0003**    **Blue MedicareRx MA**  **P.O. Box 411997**  **Boston, MA 02241-1997**    **Blue MedicareRx RI**  **P.O. Box 411999**  **Boston, MA 02241-1999**    **Blue MedicareRx VT**  **P.O. Box 410001**  **Boston, MA 02241-0001**    **Example:** A payment for a MA beneficiary should be sent to this address:    **Blue MedicareRx MA**  **P.O. Box 411997**  **Boston, MA 02241-1997**      **Mailed in payments can take up to two weeks to be received by the plan.**  **CCR Process Note:** Verify the date payment is due. Refer to [Compass - Viewing, Adding, and Editing Alerts (054194)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=36c941d2-25a6-4075-993d-f12deb31be18).  **If beneficiary is calling close to the payment deadline, offer the following:**     * Your payment deadline is <mm/dd/yy>. * 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 **Case Comments** with the following verbiage:   * Beneficiary is mailing in the payment of <$xx.xx> and was advised this payment must be received by <mm/dd/yy>.   Proceed to [Step 2](#FavUnfavClosStep2). |
| [Unfavorable Good Cause Reinstatement Letter (Exhibit 21d) (015694)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=497eeb3a-5fec-435c-b9b2-2fceeefa942b) | **CCR Process Note:** Access Alerts in Compass 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 can’t be appealed. * You may enroll in a plan for a prospective enrollment effective date if you have a valid election period (i.e., AEP, SEP, etcetera) * 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). * If you are still dissatisfied, you can file a complaint.   Refer to the “Grievance Standard Verbiage” section in [Compass MED D - Grievances Index (062962)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3) if the beneficiary still expresses dissatisfaction. | | |
| [Failure to Pay Plan Premiums within 3 Months of Disenrollment (Exhibit 21e) (015695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5d6a0c5-1303-4fda-8d5f-e0e7c52b6466) | **CCR Process Note:** AccessAlerts in Compass 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** located in the **Communications** hyperlink of the **Quick Actions** panel on the **Member Snapshot Landing** page.   * Because you didn’t pay the full amount you owed 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, etcetera) * 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) (113046)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e978a754-a875-485a-8e08-70681829c9c3) | * You received this letter because we received the plan premium you needed to pay in order 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 can send in paper claim forms for review.   **CCR Process Note:** Do **not** make any promises of reimbursement.   * Refer to [Compass MED D - Researching and Submitting Paper Claims (061799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59458286-c3a2-4924-9f92-7a55cb5defb9).   Proceed to [Step 2](#FavUnfavClosStep2). | | |
| [Confirmation of Reinstatement (Exhibit 22a) (102231)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=85405d0a-406c-4213-8c26-f251fb771060) | * 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 can send in paper claim forms for review.   **CCR Process Note:** Do **not** make any promises of reimbursement.   * Refer to [Compass MED D - Researching and Submitting Paper Claims (061799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59458286-c3a2-4924-9f92-7a55cb5defb9).   Proceed to [Step 2](#FavUnfavClosStep2). | | |
| **2** | Ask if there are any other benefit questions. | | | |
| **If…** | | **Then…** | |
| Yes | | * Address any benefit issues. * Document and close the call according to current policies and procedures.   + Refer to  [Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).   **Resolution Time:**  Information = immediately | |
| No | | * Document and close the call according to current policies and procedures.   + Refer to  [Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).   **Resolution Time:**  Information = immediately | |

[Top of the Document](#_top)

|  |
| --- |
| FAQs |

Refer to the following FAQs for additional information:

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

|  |  |  |
| --- | --- | --- |
| **Determination** | | |
| 1. **What should the CCR 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 decision so it’s important that you provide us with as much detail and dates as possible on this call. * If the plan does not have all the information needed to make a decision, the decision will be made based on the information you provided today. * It’s important to know that you can only make one Good Cause request per disenrollment period; therefore, it’s important we receive detailed information and dates about your uncontrollable/unforeseen situation. * You can call back when you have all the necessary information, within the 60-day period after your disenrollment. | |
| 1. **Has the plan made a determination?**   OR  **When will a determination be made?** | Confirm a Support Task has already been submitted, and then verify whether the account has been notated with a determination. Do **not** open a second Support 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. |
| 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_1). |
| 1. **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** | | |
| 1. **I was told I would receive written notification regarding a final decision, and I haven’t received anything.** | **CCR Process Note:** Review the **Alerts** in beneficiary’s account and refer to letters (labeled **Billing Correspondence**) in **ONEclick** to determine which address and date the letter was mailed.  A letter was mailed to <this address> on <date>. | |
| 1. **I received a letter that says I will remain disenrolled from the plan even though I received a favorable determination. What does that mean?** | **CCR Process Note:** Access **Alerts** 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** located from the **Communications** hyperlink in the **Quick Actions** panel on theMember Snapshot Landing Page.   * 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** | | |
| 1. **Can I resubmit a good cause reinstatement request?** | * No, you can only submit one request related to this disenrollment period. * You may enroll in a plan for a prospective enrollment effective date if you have a valid election period (i.e., AEP, SEP, etcetera) * 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** | | |
| 1. **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** | | |
| 1. **I’ve paid my balance; can I be reinstated?** | **CCR Process Note:** Verify that the beneficiary received a Favorable Good Cause determination by reviewing the **Alerts** panel. Also refer to the Medicare D Landing Page, **Premium Billing** taband 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. | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

* Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate work instruction linked to from [Compass MED D - Grievances Index (062962)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)
* [MED D - Blue MedicareRx (NEJE) Favorable Good Cause Det. Ex. 21c S2893\_1894 (015692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02d65048-2f9d-4025-aaa2-6a09daf7eaf1)
* [MED D - Blue MedicareRx (NEJE) Unfavorable Good Cause Det. Ex 21d S2893\_1895 (015694)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=497eeb3a-5fec-435c-b9b2-2fceeefa942b)
* [MED D - Blue MedicareRx (NEJE) Close Out Good Cause Reinst Ex 21e S2893\_1896 (015695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5d6a0c5-1303-4fda-8d5f-e0e7c52b6466)
* [MED D - Blue MedicareRx (NEJE) Good Cause Confirm of Reinst. Ex 22a S2893\_12106 (102231)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=85405d0a-406c-4213-8c26-f251fb771060)
* [MED D - Blue MedicareRx (NEJE) Fav. GC Det. No Prem Due S2893\_1638\_NEJE\_21f (113046)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e978a754-a875-485a-8e08-70681829c9c3)

* [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**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:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**