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

[High Level Process](#_Toc199948836)

[Process for Care - Disenrollment for Non-Payment of Plan Premiums](#_Toc199948837)

[Process for Care - Favorable, Unfavorable or Close Out Notification of Good Cause Reinstatement](#_Toc199948838)

[FAQs](#_Toc199948839)

[Related Documents](#_Toc199948840)

**Description:** Outlines the steps the CCRs 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. **Determine the reason for the call.**  * If calling to be [reinstated due to non-payment of plan premiums](#_Process_for_Care), proceed to next step. * If calling because they received a favorable, unfavorable or close out notification of good cause reinstatement, refer to [Process for Care - Favorable, Unfavorable or Close Out Notification of Good Cause Reinstatement](#_Process_for_Care_1). | **Note:** For disenrollments 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 take action prior to the disenrollment effective date. Refer to [MED D Blue MedicareRx (NEJE) - Process for Good Cause Determination for Nonpayment of Part D-IRMAA (114384)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=930cf7d7-4def-4019-9afc-8be1e4e94ff3). |
| 1. **Authenticate and** [**identify**](#ProcessStep1) **the caller.**  * If beneficiary, proceed to next step. * If AOR/POA, [verify](#ProcessStep2) a MED D Appointed Representative Form or Power of Attorney is already on file. | |
| 1. [**Determine**](#ProcessStep3) **the reason for disenrollment.**  * If Involuntary Disenroll No Pay Premium, proceed to next step. * If Other, refer to [MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (103480)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23aab2ee-408e-4ad4-8185-c2206fe1a3ae). | |
| 1. [**Confirm**](#ProcessStep4) **the disenrollment effective date is within the 60 day period.** | |
| 1. [**Verify**](#ProcessStep5) **that the request is being made prior to the Good Cause deadline.**  * If yes, proceed to next step. * If no, the beneficiary is NOT eligible for good cause reinstatement. | |
| 1. [**Verify**](#ProcessStep6) **there have been no previous Good Cause requests submitted within the last 60 days.**  * Read the [disclaimer](#Disclaimer) to the beneficiary. * Continue with the probing [Good Cause questions](#Criteria). | |
| 1. [**Document**](#ProcessStep9) **and close the call.**  * Details must be [documented](#Document) within the RM task (dates, illness death, hospitalization, Institutionalization, etcetera). | |

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| 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 have all the necessary info at the time of the call (e.g. dates, etcetera) then advise them to call back to file the Good Cause request as they only get **one opportunity** per disenrollment period.

Perform the steps below:

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| **Step** | **Action** | | | | | | | | | |
| **1** | Authenticate and identify the caller.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **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.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **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:   **A close up of a sign  AI-generated content may be incorrect.**  The **Notes** field should 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 RM 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 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. | | | | | |
| **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.    [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | |
| Involuntary Disenroll No Pay Premium | | Proceed to next step. | | | | | | | |
| Other | | The plan may need to review if an error has been made in billing or calculating payments, the plan **may reinstate** the enrollee due to plan error, but this is **not** considered a reason for Good Cause reinstatement.  Refer to [MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (103480)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23aab2ee-408e-4ad4-8185-c2206fe1a3ae). | | | | | | | |
| **4** | Confirm the disenrollment effective date is within the **60 day** period.  **A screenshot of a computer  AI-generated content may be incorrect.**  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **5** | Verify that the request is being made **prior** to the Good Cause deadline by reviewing the **View Comments** screen on **Medicare D Inquiry tab** in PeopleSafe.  A screenshot of a computer  AI-generated content may be incorrect.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **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 **View Comments** on the **Participant Inquiry** tab in PeopleSafe.  A screenshot of a computer  AI-generated content may be incorrect.  A screen shot of a computer  AI-generated content may be incorrect.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **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 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. | | | | |
| Has **NOT** been submitted within the last 60 days | | | | | **CCR Read the Disclaimer below to the beneficiary.**     * I understand you have been disenrolled for non-payment and you are requesting reinstatement. I will be happy to assist you in this matter. I can ask that this decision be reviewed if you had an emergency or unexpected situation in which you had no control and could not reasonably have been expected to foresee that kept you from paying your premiums on time in order to be considered for reinstatement. * I need to ask you some specific questions. This information is needed in detail to process a possible reinstatement that will allow for your benefits to be reinstated.   **CCR Note:** You will proceed to ask the probing questions and notate the information needed within the Good Cause RM Task.  **Criteria for Good Cause Determination and Reinstatement:**  Reinstatement of enrollment for good cause is provided only in **rare**circumstances in which 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 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, stroke, Parkinson’s, dementia, Alzheimer’s, etcetera)   * 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 etcetera):   * 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, etcetera.   * 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):  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:**   * 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, etcetera; * Authorized representative did not pay timely on beneficiary’s behalf and had no unforeseen circumstances themselves; * 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.   **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**. The beneficiary stating they were ‘sick’ or ‘ill’ is **not** sufficient. Follow up questions regarding what the member had and for how long will be needed to determine if it fits the Good Cause criteria. (Covid-19 is a qualifying reason for Good Cause re-instatement.) * Document **all details** the 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…** | | |
| Has stated one of the reasons listed that may qualify for a review for a good cause reinstatement | | **Contact the Senior Team or Supervisor for approval before submitting RM Task. Again, the beneficiary must have a valid Good Cause circumstance to open a Good Cause task.**   * 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, therefore it is imperative you answer calls from us. * 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.   **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.  Proceed to the next step to create [RM TASK](#ProcessStep7). | | |
| Has **not** stated one of the reasons listed that would qualify for a good cause reinstatement review…  **Examples:**   * Could not pay * Bills were not received * 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 review. You can only submit one request for reinstatement as Good Cause per disenrollment period and it cannot be appealed, therefore since you do not meet the criteria with the information you are giving, no Good Cause case will be opened. * 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, uncontrollable, 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).   Proceed to [Step 9](#ProcessStep9). | | |
| **7** | Determine if an RM Task is needed.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **If beneficiary says…** | | | | | | **Then...** | | | |
| * I didn’t have any money… * Did not receive letters   + Did not communicate address change   + Out of town for vacation/visiting family * Beneficiary assumed automatic payments were being made.   + AOR/POA did not pay timely on beneficiary’s behalf   **Note:** AOR/POA must be on file. Refer to [Step 2](#ProcessStep2) in Process section.   * + Lack of understanding or need for prescription medicines. | | | | | | **DO NOT SUBMIT AN RM TASK.**  These reasons **DO** **NOT** Qualify for Good Cause Reinstatement so a Good Cause task should not be opened just in turn deem it UNFAVORABLE as this causes more work for the PB team and NEJE. The beneficiary also only gets one Good Cause per disenrollment period and it cannot be appealed so to open a case that is UNFAVORABLE has no benefit for the beneficiary. | | | |
| What Qualifies for Good Cause Reinstatement  [See Criteria section above.](#Criteria) | | | | | | Submit the following RM Task:  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason For Dispute:** 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:   * + Obtain answers to all questions listed in the [criteria and questions section](#Criteria).   + Date and/or date range of each situation(s) and/or circumstance(s). Examples of this include:     - Exact date (September 19, YEAR)     - Exact date range (September 2 – September 30, YEAR)     - Approximate date (beginning of May, YEAR)     - Approximate date range (May and June, YEAR)   + 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.   **A screenshot of a computer  AI-generated content may be incorrect.**  **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 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.  Proceed to [Step 8](#ProcessStep8). | | | |
| **Additional Tips** | | | |
| **Supporting Details** | | | Reps should add supporting details in the account notes section (Participant Inquiry) without overloading the RM Task allowing a response from Premium Billing in the task notes. |
| **Duplicate RM Tasks** | | | CCR should ensure there are no other RM tasks open or in process about the same issue. Refer to **Resolution Manager** (RM) tab in PeopleSafe to view previous RM Tasks that were submitted.  **Beneficiaries can ONLY have 1 request for Good Cause Reinstatement per Disenrollment for non-payment of premiums. Ensure a Good Cause Request RM task has not already been submitted within the last 60 days.** |
| **Align RM Task notes and PeopleSafe comments** | | | * Premium billing representatives will be referencing both RM Task Notes and PeopleSafe comments to make Good Cause determinations. * CCR must make sure RM Task Notes and PeopleSafe Comments have the same information to prevent confusion.   **Tip:** Before ending call, the CCR should check PeopleSafe comments to make sure the notes are the same to the RM Task notes. |
| **8** | * You have the opportunity now to make 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?   [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **If...** | | | **Then...** | | | | | | |
| Yes | | | **CCR Process Note:** Refer to the [MED D - Blue MedicareRx (NEJE) Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (028699)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5d43393c-71b0-4ed1-a3e3-a6247be1e5de) and[MED D - Blue MedicareRx (NEJE) Premium Billing Credit Card Single-Sign-On (SSO) Processes (017576)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=53335578-e3bd-4ecc-a6de-0fe9c1e3d27e) 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.  [Return to High Level Process](#_High_Level_Process) | | | | | | | | | |
| **If…** | | | | | **Then…** | | | | |
| Yes | | | | | * Address any issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation Including Viewing and Adding Comments in PeopleSafe (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 Including Viewing and Adding Comments in PeopleSafe (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 - 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:

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| **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 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 | | Refer to the[MED D Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (024894)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e817117-fbc9-4c46-8739-d6457cf8db95)work instruction.  **CCR Process Note:** Refer to the[MED D - Blue MedicareRx (NEJE) Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (028699)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5d43393c-71b0-4ed1-a3e3-a6247be1e5de) and[MED D - Blue MedicareRx (NEJE) Premium Billing Credit Card Single-Sign-On (SSO) Processes (017576)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=53335578-e3bd-4ecc-a6de-0fe9c1e3d27e) 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 <$xx.xx> and Confirmation number of payment*.*   Proceed to [Step 2](#FavUnfavClosStep2). |
| Mail-in Payment | | Determine outstanding balance.     * Your outstanding balance is <$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 [AR Collections: Viewing and Adding Comments in PeopleSafe (020987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71de1d79-e009-4d52-ad42-b8fde71fa3c0).  **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 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 <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 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 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 Grievance 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) (015695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5d6a0c5-1303-4fda-8d5f-e0e7c52b6466) | **CCR Process Note:** Accessnotes 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. * 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 [Paper Claim Research (Submissions, Locating, Rejections and Reimbursements) (059668)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729).   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 [Paper Claim Research (Submissions, Locating, Rejections and Reimbursements) (059668)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729).   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 the [MED D - Call Documentation Including Viewing and Adding Comments in PeopleSafe (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 Including Viewing and Adding Comments in PeopleSafe (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 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 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. |
| 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 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>. | |
| 1. **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 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** | | |
| 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 - 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. | |

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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 - 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\_2016 (113046)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e978a754-a875-485a-8e08-70681829c9c3)

* [Universal Medicare D - 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)

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