# Compass - Identifying and Handling Medicare Part B Calls

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**Description:** Details the steps to identify Medicare Part B benefits and when to transfer calls to the Medicare Part B team, when appropriate.

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| General Information |

Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

**Notes:**

* Medicare B team is part of the PBM and not CMS/1-800-MEDICARE (1-800-633-4227). Questions related to the ‘red/white/blue’ card or durable medical equipment should be referred to CMS.
* Customer Care Representatives **cannot** file Medicare Part B grievances on behalf of beneficiaries. To file a grievance, the beneficiary must contact 1-800-MEDICARE (1-800-633-4227). For Commercial beneficiaries, to file a complaint, submit the appropriate Support Task.
* PBM’s pharmacy reaches out to the beneficiary to verify the day supply on hand prior to releasing a Medicare B order; for all Med-B medications with a PSC conflict, the PBM **MUST** contact the beneficiary to identify exact/estimated amount of medication on hand.

For appropriate guidelines, Refer to: [MED D - When to Refer to Social Security (SSA) and Medicare (CMS) (026165)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c9e294cd-93c4-466f-a6d8-e850070eda25).

* Low Income Cost Share (LICS) does **NOT** apply to Medicare B.
* To determine Medicare Part B Eligibility, a test claim must be run. Compass does **NOT** display Medicare Part B information under the **Mail Rx** tab.

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| Identifying Medicare B Eligible Beneficiaries |

Follow these steps in **Compass** and the CIF to help CCRs identify Medicare B eligible beneficiaries.

The CIF will indicate if the plan is an MAPD Plan. Refer to the following sections in the CIF for MAPD information:

* Client name description
* Need to Know
* Plan Design Highlights

If the client is an MAPD plan, calls should **not** be transferred to the Medicare Part B team, as these claims are processed through the plan and not separately by Medicare B.



Verifying Medicare Part B Eligibility information in **Compass**:

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| **Location** | **Medicare B Information** | |
| **Member Snapshot** | The **Member Details** under the M**ember Snapshot** will have:A **Med B** indicator when the beneficiary is eligible.  **Note:**  These indicators are only visible for Commercial clients.     * **Med B Enrolled, Active, Self-Identified, MSP** indicates that the necessary paperwork (AOB) is on file and the beneficiary is enrolled in Medicare Part B. * **Med B Pending/ Pending MSP** may indicate an AOB is still required. * AOB at retail needs to be signed and given to retail pharmacy. * AOB at mail needs to be signed and mailed to address provided in the letter. * Refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662)if the member needs an AOB   **Commercial Account Example:**  A screenshot of a member profile  Description automatically generated    **Note:**  If the account is for a Medicare Part D client, you will only see the existing Medicare D Eligible indicator.   * Only one indicator can be shown on the Main screen with Medicare Part D overriding Medicare Part B. * The beneficiary may also be eligible for Medicare Part B. | |
| **Test Claim** | **Step** | **Action** |
| **1** | Run a **Test Claim**, refer to [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).     * If the claim **Accepts**, assist the beneficiary as normal. * If the claim **Rejects**, proceed to the next step. |
| **2** | 1. Click the **Reject #**hyperlink in the **Mail Messages** column to determine the rejection for the test claim.         **Result:** If the claim rejects for Medicare Part B, determine if the medication falls under that designation by referring to the [Medicare B Medication List (011153)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3420e17a-03c9-404c-8880-00cb25b779f0).     1. Once verified that the medication is on the Medicare B Medication list, contact the Medicare Part B team at 1-866-804-5880.      1. Proceed to viewing any applicable Medicare Part B information regarding the prescription from the **Messaging for DRUG NAME** screen.         **Note:** For all other Rejections, assist the caller according to the CIF. |

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| Handling a Medicare B Call |

Complete the following:

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| **Step** | **Action** | | | |
| **1** | Ask probing questions to determine if the beneficiary is eligible for Medicare Part B **and** is calling about a Medicare Part B issue.   * Refer to the [Identifying Medicare B Eligible Beneficiaries](#_Identifying_Medicare_B) section of this document to assist with this process. | | | |
| **If the beneficiary is…** | | **Then…** | |
| **NOT** Medicare Part B eligible | | Handle the call as normal.  The call should **NOT** be transferred to the Medicare Part B team. | |
| **NOT** Medicare Part B eligible, but the beneficiary’s account was flagged in error | | Contact the Medicare Part B team at **1-866-804-5880** to have the flag removed. | |
| Asking specifically about Medicare Part B eligibility or drug coverage | | Proceed to the next step. | |
| Medicare Part B eligible, and is asking about drug coverage | | Determine if the drug in question is covered under Medicare B by running a test claim.  Refer to [Identifying Medicare B Eligible Beneficiaries](#_Identifying_Medicare_B) section information above. | |
| **If…** | **Then…** |
| The test claim results indicate it is a Medicare Part B drug | Proceed to the next step. |
| The test claim results do not mention Medicare Part B | Handle the call as normal, following the client’s plan guidelines.  Skip to [Step 3](#HandlingMedBCall_Step3). |
| Inquiring about a Medicare Part B covered medication. Refer to [Medicare B Medication List (011153)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3420e17a-03c9-404c-8880-00cb25b779f0). | | Proceed to the next step.  **Note:** If the medication is not listed, handle the call as normal. The call should **NOT** be transferred to the Medicare B Team. | |
| Inquiring why a prescription did not process under Medicare Part B | | Advise the beneficiary:   * The diagnosis code provided by their prescriber is an ineligible code that is not a covered diagnosis for Medicare Part B. * Beneficiary can contact their prescriber and advise the diagnosis code is incorrect or may fill their prescription at a retail pharmacy.   The order will attempt to process under the beneficiary’s commercial plan.  Place the following note in both the Notepad and Comments: MDB, <patient name>, <drug name>, dx <code>, ineligible dx x mdb faxback. Med B process complete, submit through Commercial Plan, Ou #<XXXXXXXXXX>/Rx # <XXXXXXXX>. | |
| Wanting to OPT out/in of Medicare Part B  **Note:** EGWP and certain other clients may not have the flag activated. | | Document the beneficiary has chosen to OPT out/in of Medicare Part B. | |
| Asking about receiving only a 30-days’ supply when their prescriber wrote for a larger quantity | | Advise the beneficiary:  According to Medicare Part B guidelines only a 30-day’s supply is allowed.  **Note:** The call should **NOT** be transferred to the Medicare Part B team. | |
| Asking about diabetic testing supplies under Medicare Part B not covered by their plan | | Advise the beneficiary:  The PBM was not selected by Medicare to supply diabetic testing supplies. The beneficiary can contact their state SHIP counselor to locate a DME/mail order provider for diabetic testing supplies. | |
| **2** | 1. Warm transfer the call to the Medicare Part B team at **1-866-804-5880**. 2. Document and close the call according to current policies and procedures. Refer to the [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) work instruction.   **Note:** All Med-B Conflicts with a PSC conflict, **MUST** be called into the beneficiary/patient to identify the exact/estimated amount of medication on hand.   * **Primary Interaction Reason:** Eligibility * **Primary Interaction Reason Detail:** Check Eligibility | | | |
| **3** | 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.   + **Primary Interaction Reason:**  Eligibility   + **Primary Interaction Reason Detail:** Check Eligibility   + Refer to the [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) for additional information. | | |
| No | Document and close the call according to current policies and procedures.   * **Primary Interaction Reason:** Eligibility * **Primary Interaction Reason Detail:** Check Eligibility * Refer to the [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) for additional information. | | |

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| Related Documents |

**Parent Documents:**

[CALL-00048 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)

[CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[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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