# MED D Blue MedicareRx (NEJE) - Annual Reassignment of Low-Income Subsidy (LIS) Eligible Beneficiaries

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| Overview |

In October, the Centers for Medicare and Medicaid Services (CMS) will reassign certain beneficiaries eligible for the Part D low-income subsidy (Extra Help) to different Medicare Part D plans.

CMS sends notifications to the affected beneficiaries that are being enrolled to a new plan and/or disenrolled from their current plan. The plans are also required to send a notice to affected beneficiaries.

NEJE MED D <Customer Care representatives (CCRs)> may receive calls from beneficiaries who have been reassigned to the < Blue MedicareRx (NEJE) Value Plus> (PDP) plan.

Beneficiaries may call <Customer Care> to ask:

* <[Why they have been enrolled into this Plan](#ReassignedSilverScript)>
* <[About the premiums and cost sharing in this Plan](#ReassignedSilverScriptStep3Yes)>
* <[Request that they not be enrolled in this Plan](#ReassignedSilverScriptStep3DNWSSI)>
* <[How they can enroll in another plan or their options](#ReassignedSilverScriptStep3DNWSSI)>
* <[Request that they remain in their previous Plan](#Remain)>

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| CMS Communications to Affected Beneficiaries |

**1st Blue Letter - Notice of Reassignment to another plan**

In late October, CMS mails notices (printed on blue paper) to beneficiaries who will be reassigned to another Medicare Part D plan. These notices will inform the affected beneficiaries of:

* Their prospective <$0> premium PDP.
* The upcoming plan year premium (greater than <$0>) of their current prescription drug plan (PDP).
* The option to remain in their current plan.
  + Refer to Blue Letters in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

**2nd Blue Letter - Formulary Notice for new PDP**

In December, CMS mails a second (blue) notice to reassigned beneficiaries listing the drugs they took in <2024> and shows whether these drugs will be covered in the <2025> plan they have been reassigned to.

* Refer to Blue Letters in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

**Tan Letters - Notice to beneficiaries who choose current plan with premiums greater than <$0>**

In November, CMS will also send notices (printed on tan paper) to choosers. Choosers are individuals who have 100% Low Income Subsidy (Extra Help), chose their own prescription drug plan, and will have a premium liability in the upcoming plan year.

These notices:

* Inform the beneficiaries what their plan’s premium will be in upcoming plan year.
* Explain that they will have a premium liability (or pay a portion of their premium out-of-pocket) unless they switch to a new plan by December 31.
* List plans in the beneficiary’s area that are available at no monthly premium.
  + Refer to Tan Letter in <[MED D - Guide to Consumer Mailings from CMS, Social Security, & Plans](file:///C:\Users\C337799\Downloads\TSRC-PROD-022954).>

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| Plan Communications to Affected Beneficiaries |

**Reassignment to <Blue MedicareRx (NEJE) Value Plus> (PDP) plan - Gaining or New Enrollment**

In October, CMS sends plans a file of those beneficiaries **who are being reassigned to the <** **Blue MedicareRx (NEJE) Value Plus> Plan.**

* When Blue MedicareRx receives the file from CMS of the beneficiaries being reassigned to the plan, they will send the affected beneficiaries the <[MED D - Plan Confirmation of Reassignment <(Letter 29)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd20d4ad-7719-415d-b085-9b58cde68187)>within 10 business days of receiving the file from CMS.
* In addition, these newly enrolled beneficiaries will receive the standard Welcome Kit (known as enrollment kit in PeopleSafe).
* This letter explains to the beneficiary that:
  + Medicare has enrolled him/her in the < Blue MedicareRx (NEJE) > Plan for their Medicare Part D coverage for the upcoming plan year.
    - If the beneficiary does not want to be enrolled in the < Blue MedicareRx (NEJE) > Plan, they have the option to join a different plan.

**Losing Enrollees or Disenrollments - Reassignment to another plan** (Blue MedicareRx (NEJE) will not have a loss file for 2025)

In October, CMS sends plans a file of those beneficiaries **who are being reassigned to another plan.**

When Blue MedicareRx (NEJE) receives the file from CMS of the beneficiaries being reassigned to another PDP, they will send the affected beneficiaries a < [MED D Blue MedicareRx (NEJE) - Confirmation of Disenrollment for Reassignment Letter](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=83c6fd6f-c92e-43b9-a1af-18369541a1df)> within 10 business days of receiving the file from CMS.

This letter explains that the beneficiary is being disenrolled from his/her current PDP for the upcoming plan year and references the “blue” notices previously issued by CMS.

Blue MedicareRx (NEJE) MED D Customer Care representatives (CCRs) may receive calls from beneficiaries about the notices they received from CMS or the disenrollment notices they received from Blue MedicareRx to ask:

* Why they have been reassigned to another plan

AND/OR

**Not applicable for 2025:**

* How they can remain enrolled in a NEJE plan even though they would be paying a higher premium.
* If the beneficiary is interested in remaining in the NEJE plan and paying a higher premium.

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| Care Process |

When receiving a call from a beneficiary who has questions regarding a blue letter (Reassignment notice) from Medicare:

* [Reassigned (Enrolled) in <Blue MedicareRx (NEJE) Value Plus> (PDP) Plan](#ReassignedSilverScript)
* [Reassigned to Different Plan (Disenrolled from NEJE)](#ReassDiffPlan)

**1. Reassigned (Enrolled) in <** **Blue MedicareRx (NEJE) Value Plus> (PDP) Plan**

The CCR should perform the following:

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| **Step** | **Action** | | |
| **1** | Authenticate the caller.  Refer to the following document:   * <[Caller Authentication](file:///C:\Users\C337799\Downloads\CMS-2-004568)> * <[HIPAA Authentication Grid](file:///C:\Users\C337799\Downloads\CMS-2-028920)> | | |
| **2** | Verify what the beneficiary is calling about.   * If the beneficiary says they received a letter that says they have been reassigned to <Blue MedicareRx (NEJE) Value Plus> Plan (Enrolled in <Blue MedicareRx (NEJE) Value Plus>), refer to the following document: <[MED D - Plan Confirmation of Reassignment (Letter 29)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd20d4ad-7719-415d-b085-9b58cde68187)>   Proceed to the **next step.** | | |
| **3** | **Say**   * Medicare has enrolled you in <Blue MedicareRx (NEJE) Value Plus> prescription drug plan for the upcoming plan year for your prescription drug benefit, effective January 1. * You will be enrolled in the <Blue MedicareRx (NEJE) Value Plus> Plan beginning January 1. * Blue MedicareRx will be sending a Welcome Kit and other information about the plan. * Do you have any questions regarding the benefits in the <Blue MedicareRx (NEJE) Value Plus> Plan? | | |
| **If …** | **Then…** | |
| Yes | On the **Medicare D Landing Page** determine the LIS level and effective date for the upcoming plan year by reviewing the **Additional Eligibility Details** section of the **Eligibility & Plan** tab.      Say   * What questions do you have?   Address any benefit questions.   * Based on this information I have provided do you have any further questions about the benefits of the <Blue MedicareRx (NEJE) Value Plus> Plan? | |
| No | Proceed to **Step 4.** | |
| Does not want to remain in <Blue MedicareRx (NEJE) Value Plus> Plan | **CCR Process Note:** The CCR **should NOT pressure or encourage** beneficiaries to remain in the <Blue MedicareRx (NEJE) Value Plus> Plan.  **Say** To confirm, you do not want to remain enrolled in the <Blue MedicareRx (NEJE) Value Plus> prescription drug plan in <2025>.   * If yes, your options are as follows:   + You can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from CMS.   + If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>> or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.     - TTY users should call **1-877-486-2048>**.   + If you enroll into another prescription drug plan, CMS will automatically disenroll you from the <Blue MedicareRx (NEJE) Value Plus> Plan.   **Proceed to Step 4** | |
| Does not want Medicare D prescription drug coverage **at all** | **Say**   * To confirm, you do not want to have any Medicare D prescription drug coverage.   + The beneficiary must state that s/he does not want to have Medicare prescription drug coverage. The CCR should determine the reason why the beneficiary does not want coverage.   + The CCR should counsel and remind the beneficiary that if they disenroll from the plan, and do not have other creditable prescription drug coverage, the beneficiary may be responsible for a Part D Late Enrollment Penalty when they later enroll in a plan.   + If the beneficiary specifically states that they do not want Medicare prescription drug coverage, then the voluntary disenrollment process must be followed. * I understand. I will transfer you to an agent that can further assist you with the disenrollment process. | |
| **If…** | **Then…** |
| The beneficiary wants to disenroll | Warm transfer to the NEJE Senior Team. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).   * Advise that the beneficiary has been reassigned to Blue MedicareRx (NEJE) by CMS and wants to disenroll. |
| The beneficiary wants to remain in the plan | Proceed to **Step 4.** |
| **4** | Ask if there are any other questions. | | |
| **If…** | **Then…** | |
| Yes | Address any questions/issues.  **Say** If at any time you have further questions, please call <Customer Care> toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>**.  {Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |
| No | **Say** If at any time you have further questions, please call <Customer Care> toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>**.  Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |

**2.** **Reassigned to Different Plan (Disenrolled from Blue MedicareRx)**

 Not applicable for 2025.

The CCR should perform the following:

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| **Step** | **Action** | | |
| **1** | Say   * Medicare is reassigning you to a different plan for the upcoming plan year. * The plan you are currently enrolled in will increase your costs in the upcoming plan year. * We recommend that you accept the new plan Medicare has enrolled you in. * You can choose to remain in the Blue MedicareRx plan, however, you will pay a **monthly premium** and **higher costs** for your prescription drugs. | | |
| **If the beneficiary wants to…** | **Then the CCR will…** | |
| Accept the new plan assigned by CMS | Say   * I understand. * You don’t need to do anything else. * You will receive a second blue letter in December, called a Formulary Notice, listing the drugs you took in 2024 and it will show whether these drugs will be covered in your new plan. Additional plan information will also be mailed to you by the new plan.   **Proceed to Step 2.** | |
| Choose to remain in the Blue MedicareRx plan and pay a premium. | * Review and confirm with the beneficiary the amount of the monthly premium, based on the area where they live.      * You will pay a monthly premium of **<$XX.XX>** and higher costs for your prescription drugs. * Do you choose to remain in the Blue MedicareRx plan and accept financial liability for these higher costs? | |
| **If…** | **Then…** |
| **Yes** | I can assist you with re-enrollment in the plan.  Refer to [Compass MED D - Blue MedicareRx (NEJE) - Enrollment Portal](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=da34f1cb-7925-4d56-8a30-5fc0738b4edd) |
| **No** | * As a reminder, you can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from Medicare. * If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>> or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.   + TTY users should call **1-877-486-2048>**.   Proceed to **Step 2**. |
| **2** | Ask if there are any other questions. | | |
| **If…** | **Then…** | |
| Yes | Address any other questions/issues.  Say   * If at any time you have further questions, please call Customer Care toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>.**   Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |
| No | Say   * If at any time you have further questions, please call Customer Care toll free at **<1-866-235-5660>, <24 hours a day, 7 days a week>, TTY users call <711>.**   Document and close the call according to current policies and procedures.   * Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   **Log Activity**  701 = Eligibility Verification | |

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| FAQs |

Refer to the following:

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| Question | **Answer** |
| Why did I receive a letter from CMS/Medicare saying I was being enrolled into <Blue MedicareRx (NEJE) Value Plus> Plan? | **CCR Note: This is the blue letter issued by CMS notifying beneficiaries that they are being enrolled into the <Blue MedicareRx (NEJE) Value Plus> (PDP) Plan for <2025>.**  **Say**   * Medicare sent you a notice that they are enrolling you into a new drug plan for <2025> because the monthly plan premium for your current plan will increase. * If you want to remain in the <Blue MedicareRx (NEJE) Value Plus> prescription drug plan for <2025>, you don’t need to do anything. Effective January 1, <2025> Blue MedicareRx will provide your prescription drug coverage. * If you haven’t already you should receive an ID card and welcome kit from Blue MedicareRx. * You should continue to use your current prescription drug plan until December 31, <2024>. |
| How do I know if Blue MedicareRx covers the drugs I take? | **Say**   * I can help you with that today if you like. * Additionally, Medicare will send you another blue letter in December informing you which of the drugs you take are covered by Blue MedicareRx.   Refer to <[MED D - Drug Pricing Tool](file:///C:\Users\C337799\Downloads\CMS-PCP1-040984).> |
| What if I want to be in the Blue MedicareRx plan for the upcoming plan year? | **Say**   * If you want to remain in the <Blue MedicareRx (NEJE) Value Plus> prescription drug plan, you do not have to do anything. * You will receive your prescription drug benefits from your new plan effective January 1. * You can refer to the information listed on the blue letter (Reassignment Notice) you received from CMS. |
| What if I want to remain in the Blue MedicareRx plan and pay a higher premium or cost share? | Say If you wish to remain with the Blue MedicareRx plan, your premiums and cost-sharing will be more than you’re paying now. |
| What if I want to choose another plan? Do I have other options? | **Say**   * Yes, your option is you can enroll in another Prescription Drug plan that is listed on the blue letter (Reassignment Notice) you received from CMS.   + If you would like to enroll in a different Medicare Part D Prescription drug plan, you can view details of other plans in your area at <<https://www.medicare.gov/plan-compare>>or call <**1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week**.>     - TTY users should call <**1-877-486-2048**>.   + If you enroll into another prescription drug plan, CMS will automatically disenroll you from the <Blue MedicareRx (NEJE) Value Plus> prescription drug plan. |

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| Resolution Time |

Information - Immediate

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3).

**Parent SOP:** CALL-0048: <[Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)>

**Abbreviations/Definitions:** <[Abbreviations / Definitions](file:///C:\Users\dromano\Desktop\MCO%20MATERIAL%20REVIEWS\(DEE%2010.26.20)%20-%20DUE%2011.02%20-%20ELMA%20-%20Y0080_52144_SCR_2021_C%20Reassignment%20of%20LIS%20Beneficiaries%20Inbound%20Script\CMS-2-017428)>

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