

1-800 MEDICARE CSRs **CAN** Perform the Following Activities

The appropriate CSR level for each topic is also listed below. Higher/different levels of CSRs do NOT have access to different (or more) information than the CSR tier shown below.

Subject/Topic	Notes	CSR Level
Claims Inquiries (Denials)	The beneficiary or SHIP should check the MSN to understand what type of service is in question (i.e., Part A, Part B, DME). Claim Tier 1 CSRs can provide information on the reasons for the denial, details on suspended or rejected claims, and status of appeals.	Claim Tier 1 CSRs <i>Note:</i> Claim CSRs are specific to the line of business (i.e., Part A, Part B, DME)
Claims Inquiries (Simple)	General Medicare Tier 1 CSRs can handle simple claims inquiries (i.e., order duplicate MSNs, indicate whether a claim was approved or denied, provide information on the amount paid, and determine crossover). This information is also available on the 1-800 MEDICARE IVR and mymedicare.gov	General Medicare Tier 1 CSR
Compare Drug Plans	Plan Compare is available on the web to SHIPs and all public users	General Medicare Tier 1 CSR
Competitive Bidding (Durable Medical Equipment)	Claim Tier 1 CSRs are able to provide information on the program, locate competitive bidding suppliers in the specific competitive bidding areas, and file complaints with the CBIC on various categories. This information is also available on www.medicare.gov	Claim Tier 1 CSRs
Complex Inquiries	Certain inquiries will need to be referred to the claims processing contractor for further action. Examples would include reissuing checks, claims adjustments, fraud referrals.	Claim Tier 1 CSRs <i>Note:</i> The CSRs will refer complex inquiries to the claims processing contractors (i.e., MACs) through the desktop. This is not a live transfer. The claims processing contractor takes the appropriate actions offline.
Crossover	General Medicare Tier 1 CSRs can determine if crossover is set up and if a claim was selected to be crossed over. If the crossover is NOT set up, or if the secondary insurer is stating that the claims was not crossed over, the beneficiary must call the INSURER.	General Medicare Tier 1 CSR

Subject/Topic	Notes	CSR Level
Drug Coverage Fraud Marketing Sales	If the beneficiary receives misleading or false information from an agent broker and/or marketing representative, the CSR can file a PDP complaint for Marketing Misrepresentation	General Medicare Tier 1 CSR
Fraud (Original Medicare)	The General Medicare Tier 1 CSR may do initial screening and then transfer to a Claims Tier 1 Agent for further screening. After the screening, the Tier 1 Agent will submit a fraud referral to the claims processing contractor. <i>Note: 1-800 MEDICARE does not receive any status information on ongoing fraud investigations.</i>	Claims Tier 1 CSR
Fraud (Prescription Drugs)	If the beneficiary receives misleading or false information related to Prescription Drugs, the caller may be referred to the Medicare Drug Integrity Contractor (1-877-7SAFERX)	General Medicare Tier 1 CSR
IRMAA	Social Security makes the income determination for IRMAA. If funds are available in the Social Security check they will be automatically deducted. If there are not sufficient funds, CMS will directly bill the beneficiary. For specific billing questions about IRMAA, General Medicare Tier 1 CSRs will refer inquiries to the Advanced Resolution Center for further research.	ARC CSR <i>Note: The CSRs will refer to the ARC CSR through the desktop. This is not a live transfer. The ARC takes the appropriate actions offline and will call the contact back.</i>
LIS Applications	LIS applications are available on SSA’s website	General Medicare Tier 1 CSR
LIS Eligibility Information	LIS eligibility status is available on the web (i.e., Plan Finder, mymedicare.gov) and in the 1-800 MEDICARE IVR to SHIPs and beneficiaries	General Medicare Tier 1 CSR
Medicare Secondary Payer <i>(Simple Terminations – when a person retires or terminates group health insurance that pays before Medicare)</i>	1-800 MEDICARE is only permitted to perform “simple terminations.” If the record is incorrect or needs to be deleted, the caller will be referred to COBC.	Claims Part A, Part B, or DME Tier 1 CSRs

Subject/Topic	Notes	CSR Level
Part D (or Part C) Complaints	SHIP agents can file complaints directly with the plan via CTM. General Medicare Tier 1 CSRs can file complaints or provide information on the status of the complaint.	General Medicare Tier 1 CSR <i>Note:</i> <i>The caller will be asked if the beneficiary has contacted the plan and the issue is still not resolved.</i>
Part D Enrollment Status	Enrollment status is available on the web (i.e., Plan Finder, mymedicare.gov) and in the 1-800 MEDICARE IVR to SHIPs and beneficiaries	General Medicare Tier 1 CSR
Part D Premium Withhold	General Medicare Tier 1 CSRs can verify if the beneficiary is in premium withhold status and can verify the amount of the Part D (and/or Part C) premium. General Medicare Tier 1 CSRs can file a complaint if the beneficiary is experiencing ongoing premium withhold problems.	General Medicare Tier 1 CSR
Prospective Disenrollment	General Medicare Tier 1 CSR determines if a disenrollment is applicable. If so, the CSR will transfer to a General Medicare Tier 2 CSR	General Medicare Tier 2 CSR <i>Note:</i> <ul style="list-style-type: none"> • <i>If the caller is using the SHIP or SMP line, the caller will be routed first to a General Medicare Tier 2 CSR.</i> • <i>Also, if the caller wants to enroll in a new plan, the General Medicare Tier 1 CSR can handle the enrollment. Enrollment in a plan will automatically disenroll the beneficiary from the current plan.</i>
SPAPs (State Prescription Assistance Programs) and PAPs (Plan Administered Pharmaceutical Assistance Programs)	Information on SPAPs and PAPs can be found via www.medicare.gov	General Medicare Tier 1 CSR

1-800 MEDICARE CSRs **CANNOT** Perform The Following Activities

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Subject/Topic	Notes
Enrollment Issues	Working directly with the plan will result in the most expeditious resolution. 1-800 MEDICARE can file a complaint on behalf of the callers.
Filing LIS Applications	LIS determinations are made by SSA. For assistance in filling out LIS applications, contact SSA (1-800-772-1213)
LIS Discrepancies	Plans can review evidence of LIS and Dual Eligibility status and work with the CMS Regional Offices to get a beneficiary’s LIS/Dual Status updated. Following the policy on Best Available Evidence, the plans can resolved LIS discrepancies.
Medicare Reconsiderations & Appeals	All appeal requests must be submitted in writing. Appeal rights and where to send the reconsiderations request are on the back of the MSN.
Medicare Secondary Payer (i.e., Worker’s Compensation, Liability, Disability)	1-800 MEDICARE can only provide status of the beneficiary’s record. If changes are required or updates needed, the caller should contact the MSPRC or COBC for specific resolution. <i>Note: If an attorney requires the “Payment Summary” form for settlements, these are available on www.mymedicare.gov</i>
Retiree Drug Subsidy	Working directly with the plan will result in the most expeditious resolution. 1-800 MEDICARE can file a complaint on behalf of the callers. <i>Note: Callers will want to also work with their benefits administrator to ensure changes will not impact other coverage.</i>
Retroactive Enrollments/Disenrollments	1-800 MEDICARE is only permitted to perform prospective enrollments. If the caller requires a retroactive enrollment, the CSR will transfer the caller to an Internal Support Group CSR to file a complaint. Retroactive enrollments are handled by the CMS Regional Office staff.

This document is for training purposes **ONLY**.
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