# Aetna MED D - Premium Billing Employer Group Reimbursements

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**Description:** The goal of this document is to provide the MED D Customer Care Representative (CCR) with information on the Employer Group (HSA Plan) Reimbursement Program, associated plans, and steps to research refund payments.

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| Employer Group Plans |

The following plans are associated with the **Employer Group (HSA Plan) Reimbursement Program**:

* 1022 - AT&T / HEWITT SENIOR EDUCATORS
* 1018 - EXTEND HEALTH, ONE EXCHANGE / VIA BENEFITS
* 1338 - MERCER / TRANSITION ASSIST

This document does **NOT** apply to **BSwift** plans, refer to the [MED D - BSwift](TSRC-PROD-022975) work instruction for BSwift call handling.



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| Reimbursement Information |

Premium Billing’s function is simply to report these beneficiary premium payments. Any reimbursements are completed per the Employer Group (HSA Plan) based on their processes (timing, amount, etc).

* Premium Billing bills the beneficiary for their premium.
* The beneficiary submits payment to the Plan.
* Payments from beneficiaries are logged and submitted for transmission (allow up to two weeks from receipt date).
* Transmission is submitted to Employer Group (Client Codes: 1002, 1338, and 1018) on a weekly basis for the prior week payments have been received in.
* Once payment transmission is sent, applicable refunds are processed by the Employer Group (Client Codes: 1022, 1338, and 1018). Turnaround time is based on the individual Employer Group (Client Codes: 1022, 1338, and 1018) refund process.

**Notes:**

* If the beneficiary’s payment is not transmitted correctly, Premium Billing will research the payments and if needed, submit the transmission during the next cycle.
* There is up to a 2 week delay from when a payment is posted, to sending information to be uploaded. Once a payment has been transmitted, the plan is unable to determine when the refund will be provided by the Employer Group. Beneficiaries are able to contact their Employer Group directly to confirm if their refund payment has not been received.
* If the member is due a refund, follow the standard refund process. Refer to the **Credit Balances and Premium Refunds** section in [Aetna MED D - SilverScript - Premium Billing General Information, Processes & Document Index](CMS-PCP1-026695).

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| Refund Research for Employer Group Reimbursements |

CCRs can create an RM Task to research the account **ONLY** after the beneficiary has confirmed they have contacted the Employer Group and verified the transmission for their last payment has not been received.

Perform the following steps to request an RM Task to research the account:

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| **Step** | **Action** | | |
| **1** | Verify the **Receive Date** of the payment under the **Payments and Adjustments** section within the **Premium History** tab of PeopleSafe.  **Example:** | | |
| **If the Receive Date is…** | **Then…** | |
| **Less** than 2 weeks ago | Advise beneficiary of the 2 week delivery/transmission time from Receive Date.  Proceed to **Step 3**. | |
| **Over** 2 weeks ago | Verify the beneficiary has contacted their Employer Group to confirm their last payment has not been received. | |
| **If the beneficiary has…** | **Then…** |
| Contacted their Employer Group **AND** confirmed their last payment has **not** been received. | Proceed to **Step 2**. |
| **NOT** contacted their Employer Group | Questions about the refund must be directed to their Employer Group (HSA Plan).   * Advise the beneficiary they must contact their Employer Group to confirm their last payment has not been received. * The plan will **not** contact the Employer Group directly regarding any refund requests.   Proceed to **Step 3**. |
| **2** | Create the following RM Task:  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason for Dispute:** Misc/Other  **Task Notes:** Document the following:   * **AEX033,** (**list Employer Group Plan name**), (**list payment amount**), (**specify month in question**). * Beneficiary’s contact number.   **CCR Note:** If requesting a **statement** send the following RM Task  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason For Dispute:** STATEMENT REQUEST  **Task Notes:** Document the following:   * **AST017,** Beneficiary requests statement for (**list reason**), (**specify dates in question**). * Beneficiary’s contact number.   **Reminders:**   * Do **NOT** request a Statement of Cost for medications in Premium Billing RM Tasks. ONLY a Statement of Premiums can be generated. For medication statements, refer to: * [Financial Statement of Cost (SOC) Member, Spouse or Dependent](TSRC-PROD-043264)   + - [Financial Statement of Cost (SOC) Member, Spouse or Dependent Over 18 Years Of Age](TSRC-PROD-043265)     - [Financial Statement of Cost (SOC) Deceased Member, Spouse, or Dependent](TSRC-PROD-043266). * Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to: RM task comments/Notes, Stop-see comments, Emails. Credit card numbers and EFT/ACH routing and account numbers may **only** be entered in system-specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action. | | |
| **3** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures; refer to [MED D - Call Documentation](CMS-PRD1-067665). * **Log Activity:** 1327 = Premium Billing. | | |

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| Related Documents |

**Refer to** [Aetna MED D - SilverScript - Premium Billing General Information, Processes, & Document Index](CMS-PCP1-026695)

**Grievance Standard Verbiage:** Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](TSRC-PROD-007931)

**Parent Document:** 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/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms](CMS-2-017428)

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