# Aetna MED D - SilverScript - Premium Billing Dunning and Disputes Process

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**Description:** This document will assist Med D Premium Billing Specialized CCRs in better understanding the Dunning Process in order to properly educate and provide options to beneficiaries in the Dunning process.

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| Important Details |

 Beneficiaries must be **WARM transferred** to the Premium Billing Specialized Care Team at **1-(866)-824-4055** for the following call types (not all inclusive):

* **Dunning Letter** questions
* Payment Requests related to the recent receipt of a **Dunning Letter**
* Questioning Disenrollment due to nonpayment of Premium
* Requests for Reinstatement (Good Cause)
* Payment Plans

**Note:** If encountering any issues with connecting to the 1-866-824-4055 phone number for appropriate transfer calls, consult with your Supervisor for further assistance; you may be instructed to contact IT to report any technical difficulties.

**Premium Billing Specialized Team ONLY:**

* All Escalation Calls **must** be transferred to a Supervisor. Do **not** transfer to the Senior Team.
*  **The Premium Billing Specialized Care Team MUST reference the Dunning Letter(s) in ONEclick to provide the correct Dunning amount due and Dunning due date to the beneficiary to avoid disenrollment.** **Failure to provide the correct amount and due date could result in the beneficiary being disenrolled in error.**
*  If the **MED D** tab in **PeopleSafe** is unavailable, users can locate and view **ONEclick** documents from the **Tools** drop down option in **PeopleSafe**; refer to [MED D - Viewing Correspondence and Requesting Reprints in PeopleSafe (003379)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79) work instruction.

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| Dunning Process, Letters, Envelopes, and Reminders |

**Dunning Process:**

The Dunning Process consists of communicating with **SilverScript** beneficiaries regarding premiums that are overdue and that must be paid within the Dunning grace period in order to remain covered under the MED D plan.

* Beneficiaries who have LIS can be included in the Dunning Process if they owe premiums greater than their subsidized amount. If the beneficiary does not pay the premiums they are responsible for, they could be at risk of being disenrolled from their Part D Prescription Drug Coverage.

**Letters and Envelopes:**

 The letters are sent out in the following order and are located within **ONEclick**:

* Dunning Letter #1
* Dunning Letter #2
* Disenrollment Confirmation Letter
* These letters are sent within a windowed envelope; the mailing address will be visible through the plastic window.
* The return address is from **Aetna** with the logo in larger print.
* “**ATTENTION: Important Plan Information**” is printed on the front of the envelope.

**Reminders:**

* The **Premium Billing Specialized Care Team** MUST always encourage the beneficiary to pay entire balance due in full each month by the due date. Auto-pay options should be discussed for payment convenience, refer to[Aetna MED D - SilverScript - Premium Billing Auto Pay Options and Education (079146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6d627e6-d614-4d72-beee-d6726b79b7c4).
* If the beneficiary states they have financial difficulty the Premium Billing Specialized Care Team should offer a payment plan (beneficiaries on a payment plan are excluded from the disenrollment process) refer to [Aetna MED D - SilverScript - Premium Billing Payment Plans (101905)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a31498b1-6878-461c-a73a-54cd7b4ee9e8).

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| Premium Billing Specialized Team Process |

Beneficiaries in the Dunning process may or may not mention receiving a Dunning letter. It is important for Premium Billing Specialized CCRs to fully review the beneficiary’s account and educate regarding the Dunning letter sent to the beneficiary.

Perform the following steps:

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| **Step** | **Action** | | | |
| **1** | Review the beneficiary’s premium balance on the Premium History screen. | | | |
| **2** | Review the **Rate Data** on the Premium History screen to determine if the member has LIS with a premium due. | | | |
| **If…** | **Then…** | | |
| Yes | Although you have LIS, you have a monthly premium responsibility each month. The monthly LIS subsidy is <$XX.XX> and your monthly premium responsibility is <$XX.XX>. Your current premium balance is <$XX.XX>.  Proceed to **Step 3**. | | |
| No | Your monthly premium is <$XX.XX>. Your current premium balance is <$XX.XX>.  Proceed to **Step 3**. | | |
| **3** | Please allow me a moment to review the notes and correspondence on your account.  Review the Medicare D Inquiry comments and the most recent Dunning 1 letter in ONEclick.  A screenshot of a computer  AI-generated content may be incorrect.  A screenshot of a computer  AI-generated content may be incorrect. | | | |
| **4** | Review the Benefit Expiration and Disenrollment Reason (if applicable) and determine if member is calling by the date on the letter and is active OR member is calling after the date on the letter and has been disenrolled.  **Note:** Beneficiaries that call into the plan on the last calendar day of the month may appear INACTIVE. CCRs MUST offer to process payments and/or payment plans on the last day of the Dunning grace period. If beneficiaries pay the amount due on their Dunning letter on the last calendar day of the Dunning grace period, their eligibility could be reinstated.  **ACTIVE Example:**  A screenshot of a computer  AI-generated content may be incorrect.  **DISENROLLED Example:**  A screenshot of a computer  AI-generated content may be incorrect. | | | |
| **If…** | | **Then…** | |
| Beneficiary is calling AFTER the Dunning date AND is Disenrolled due to non-payment. | | On <MM/DD/YYYY>, we sent you a letter stating to avoid disenrollment, <$XX.XX> was due by <MM/DD/YYYY>. Because payment of <$XX.XX> was not received by <MM/DD/YYYY>, your account has been disenrolled due to non-payment. You can pay the full balance owed at this time, but it will **NOT** guarantee re-enrollment or reinstatement into the plan. As a reminder, Medicare requires that **any** premium billing balances due to **any** MED D plan **MUST** be paid before a new enrollment will be approved. | |
| **If…** | **Then…** |
| Beneficiary is requesting reinstatement and believes the plan disenrolled them in error. | Proceed to [Disputing Dunning/Disenrollment](#_Disputing_Dunning/Disenrollment). |
| Beneficiary is requesting reinstatement (not plan error). | Proceed to [Aetna MED D SilverScript - Process for Good Cause Determinations For Non-payment of Plan Premiums (063898)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=307fc8be-d14d-43ff-ab22-92e01762193f) to determine if the member may qualify for Good Cause reinstatement.  **Premium Billing Specialized Team Process Note:** Paying the past due premiums does not constitute reinstatement. Additionally, losing Extra Help (LIS), having Extra Help (LIS) and not being aware of premiums, or being unable to afford the premiums is not valid for Good Cause reinstatement. Premium Billing Specialized CCRs MUST follow the [Aetna MED D SilverScript - Process for Good Cause Determinations For Non-payment of Plan Premiums (063898)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=307fc8be-d14d-43ff-ab22-92e01762193f) Work Instruction and ask probing questions to determine if the member had an unforeseen circumstance that prevented timely payment. |
| Beneficiary is calling on or before the Dunning due date AND is active in the plan. | | You were mailed a Dunning Letter about a past due premium balance. To avoid disenrollment, you must pay <$XX.XX> by <MM/DD/YYYY>. Would you like to pay the balance today? | |
| **If…** | **Then…** |
| Yes, would like to pay balance today. | Proceed to [Payment Options](#_Payment_Options). |
| No, does not want to pay balance today. | **Note: Failure to provide the correct Dunning amount and Dunning due date per the Dunning Letter(s) in ONEclick could result in the beneficiary being disenrolled in error.**  I understand. If you do not pay the amount owed as stated in the letter(s) by <MM/DD/YYYY>, you will be at risk of being disenrolled from your Part D Prescription Drug Coverage.  We offer several different Automatic Payment options for future payment convenience; I would be happy to provide you additional information.  **Note:** Refer to[Aetna MED D - SilverScript - Premium Billing Auto Pay Options and Education (079146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6d627e6-d614-4d72-beee-d6726b79b7c4).  Proceed to **Step 5**. |
| No, cannot afford to pay the balance or can only pay a portion of the balance. | You have the option to set up a payment plan. The payment plan consists of paying a portion of your past due balance each month along with your monthly premium and any Late Enrollment Penalty you may owe. In order to avoid disenrollment, you must pay according to the terms of your payment plan agreement. I’d be happy to set up a payment plan for you now.  **Premium Billing Specialized Care Team Process Note:** Refer to [Aetna MED D - SilverScript - Premium Billing Payment Plans (101905)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a31498b1-6878-461c-a73a-54cd7b4ee9e8). |
| No, does not want to pay balance today ANDdisputes the balance. | Proceed to [Disputing Balances](#_Disputing_Balances). |
| **5** | 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 Including Viewing and Adding Comments in PeopleSafe (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62). * Log Activity 1327 = Premium Billing. | | | |

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| Payment Options |

 Ensure steps have already been followed within the [Premium Billing Specialized Team Process](#_Premium_Billing_Specialized) section.

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | Verify the balance due in **PeopleSafe**; refer to the **Viewing Premium Balance** section of [Aetna MED D - SilverScript - Premium Billing General Information, Processes & Document Index (026695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7072bae5-b9f6-4141-991f-9b3d11e7a5bd).  **Reminder:** In order to view all payments and adjustments made to the beneficiary’s account, change the **Date Range** fields to the following:   * Start Date: 01/01/2006 * End Date: 12/31 of the current year   **Premium Billing Specialized Team Process Note:** Reference the most recent Dunning letter received, viewable in **ONEclick**. | | |
| **2** | I can assist you with placing your One-Time payment via Credit Card/Debit Card or E-check. | | |
| **If the beneficiary responds with...** | **Then…** | |
| **Credit Card/Debit Card** | Refer to [Aetna MED D - SilverScript Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209).  Proceed to **Step 3**. | |
| **E-Check** | Refer to [Aetna MED D - SilverScript Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209).  Proceed to **Step 3**. | |
| Does **NOT** want to make the payment over the phone with the Premium Billing Specialized Team CCR. | You can also make a payment through one of the following options:   * + Mail In Payment   + IVR Payment   + Online Payment   + Pay at a standalone CVS/pharmacy   Which payment method can I provide more information on? | |
| **If the beneficiary responds with...** | **Then...** |
| **Mail In Payment** | You can mail your personal check or money order for the past due premium balance to:  **SilverScript Insurance Company**  **P.O. Box 7411650**  **Chicago, IL 60674-5650**  **Premium Billing Specialized Team Process Note:** Advise beneficiary that the mail-in payment **must** be **received** prior to end of the Dunning grace period. If the beneficiary is at risk of their payment not being received in time, offer another payment method.  **Mailed in payments can take up to two weeks to be received by the plan.**  **Note:** When the beneficiary is making a payment for more than one beneficiary, separate checks and/or money orders as well as invoice coupon slips should be sent for each beneficiary. The **Premium Billing** department is unable to separate payments from one check/money order.  Proceed to **Step 3**. |
| **IVR Payment** | The beneficiary may call the automated system at **1-833-287-0075** to make a One Time Credit Card/Debit Card payment. This option is available 24 hours a day.  Proceed to **Step 3**. |
| **Online Payment** | Refer to [Aetna MED D - SilverScript Premium Billing Online Payment Portal (101305)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=14948382-cd5e-4f18-a5bc-0e843a6c974e).  Proceed to **Step 3**. |
| **Pay at a CVS/pharmacy**  **Exception:** CVS/pharmacy at Target | Refer to [Aetna MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (101323)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b7df87a-c5ba-4c02-a1d7-e5748373b499).  Proceed to **Step 3**. |
| Does **NOT** want to make a payment today | I understand. If you do not pay the Dunning amount owed as stated in the Dunning letter(s) by <MM/DD/YYYY>, you will be at risk of being disenrolled from your Part D Prescription Drug Coverage.  Proceed to **Step 3**. | |
| **3** | For beneficiaries that have only received **Dunning Letter 1**, offer Auto Payment options for future payment convenience, refer to[Aetna MED D - SilverScript - Premium Billing Auto Pay Options and Education (079146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6d627e6-d614-4d72-beee-d6726b79b7c4).  **Note:** If beneficiary received **Dunning Letter 2 AND/OR Disenrollment Confirmation Letter** do NOT offer Auto Payment options:  You can pay the full balance owed at this time, but it will **NOT** guarantee re-enrollment or reinstatement into the plan. As a reminder, Medicare requires that **any** premium billing balances due to **any** MED D plan **MUST** be paid before a new enrollment will be approved.  Proceed to **Step 4**. | | |
| **4** | 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 Including Viewing and Adding Comments in PeopleSafe (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62). * Log Activity 1327 = Premium Billing. | | |

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| Disputing Dunning/Disenrollment |

Plan errors are errors made by the plan which cause the beneficiary to be disenrolled in error. Dunning/Disenrollment Tasks should ONLY be submitted if a plan error occurred that caused the beneficiary to be disenrolled. Simply paying the premiums after disenrollment does NOT qualify for reinstatement. Additionally, if the beneficiary overlooked the notifications sent by the plan, failed to update their address, or did not submit the payment on time, it would not be considered plan error.

**CCR Process Note:**

 You **MUST** ensure that you have followed the Good Cause process and determined that the beneficiary doesn’t qualify for Good Cause, and you have fully researched the beneficiary’s account before following the plan error process (Disputing Dunning/Disenrollment).

When the beneficiary is disputing the Dunning/Disenrollment follow the steps outlined below:

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| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Verify the member was disenrolled due to non-payment of plan premiums by reviewing the **Disenrollment Reason** field on the **Medicare D Inquiry** tab in PeopleSafe. | |
| **2** | Determine if the reason for non-payment may have been caused by plan error.  CCR Note: Be sure to review the examples of valid and invalid reasons listed below.  **Valid Examples that may qualify for Plan Error reinstatement:**   * The beneficiary requested mailing address change with the plan BEFORE disenrollment, but it was not updated or was updated incorrectly (Ex. Wrong apartment number, missing information etc). * Beneficiary requested autopay setup or update BEFORE disenrollment but wasn’t set up properly or at all. * The beneficiary contacted the plan prior to disenrollment and was advised incorrectly about premiums/dunning. * The beneficiary contacted the plan to request a payment plan BEFORE disenrollment, but a payment plan RM task was not submitted or was submitted with incomplete payment plan details. * The beneficiary made a payment BEFORE disenrollment, but it was misapplied or not posted. Note: If the beneficiary made an error with the payment which caused the payment to be misapplied or not posted, this would not be considered Plan Error.     **Invalid Examples that DO NOT qualify for Plan Error reinstatement:**   * The beneficiary paid the balance AFTER disenrollment and wants to be reinstated. * The beneficiary did not receive invoices or Dunning letters due to an unreported address change. * The beneficiary thought they were set up for AutoPay or didn’t know AutoPay stopped. * The beneficiary lost LIS or had LIS with a premium due. * Need for prescription medicines or other plan services. * Authorized representative did not pay timely on beneficiary’s behalf. | |
| **If…** | **Then…** |
| Yes | I am submitting a request to a representative that will review your disenrollment based on the information you have provided today. A determination will be made **within 10 business days**.  You will be notified by letter if you are reinstated into the plan. You may contact Customer Care **after 10 business days** for information regarding the determination.  Submit the following RM Task:  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason For Dispute:** DUNNING/DISENROLLMENT  **Task Notes:** Document the following:   * **PER004**, Beneficiary is disputing their Dunning/Disenrollment. * Detail exactly why the beneficiary believes they were disenrolled in error (list reason). * Beneficiary’s contact number.   Do NOT copy and paste the above template in the RM Task, as there is limited space for notes in the task. Instead, list the reasons for the member’s dispute, with as much detail as possible for review.  **Example:** If the beneficiary claims to have made a payment, the Premium Billing Specialized Care Team should include details such as:   * Check number. * Amount of payment. * Approximate date the check was mailed. * Whether the check has cleared the beneficiary’s bank account.   Do NOT advise the member that they will receive a callback to advise them of the determination of the plan error review. The contact number is included in the task in case more information is needed from the member.  **Premium Billing Specialized Care Team Process Note:** A task which simply says “Please Research” or “member insists on reinstatement” is **UNACCEPTABLE**. |
| No | Do NOT submit a Dunning/Disenrollment RM task.  Based on the reason(s) you provided, at this time it would appear you do not qualify for a review for reinstatement. 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 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.  **Note:**Inform members that the plan mailed three or more notifications for two months prior to disenrollment. Due to no action being taken on behalf of the member, CMS now requires the member to provide a valid unforeseen circumstance that prevented a payment prior to the due date. To be considered for reinstatement, the member must attest to recent unforeseen circumstances within the last three months. If the member cannot provide any unforeseen circumstances, the plan will remain disenrolled.  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). |
| **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 Including Viewing and Adding Comments in PeopleSafe (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62). * Log Activity 1327 = Premium Billing. | |

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| Disputing Balances |

**Reminder:** Premium Billing Refund Request RM Tasks should **NOT** be submitted if the beneficiary was disenrolled due to non-payment of premiums and is now requesting a refund (**Example:** Payment was sent in but not received and posted by the disenrollment date stated in the Dunning Letter #2). Instead, educate the beneficiary on the following:

* The beneficiary truly owed this money, and it will not be refunded unless there was an overpayment.
* The beneficiary **MUST** pay **any** premium billing balances previously owed to **any** MED D plan before a new enrollment will be approved.

When the beneficiary is disputing the Dunning balance, follow the steps outlined below:

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| **Step** | **Action** |
| **1** | What reason are you disputing the outstanding balance?   * If the beneficiary claims to have made a recent payment, also ask for:   + - Recent payment amount.     - Payment method.     - If applicable, check number, date mailed, and whether it has cleared beneficiary’s bank account.   **Premium Billing Specialized Care Team Process Note:** The Plan **must** review the beneficiary’s account when they dispute their balance. For this reason, **Do NOT direct the beneficiary to call Medicare, instead** submit the following RM task:  **Task Category:** Billing/Payment  **Task Type:** Premium Billing Inquiry Medicare D  **Queue:** Finance - Scottsdale Premium Billing  **Reason For Dispute:** DUNNING/DISENROLLMENT  **Task Notes:** Document the following:   * **IBR007**, Beneficiary disputes having to pay the premium for outstanding balance due to (list reason). * Detail exactly what the beneficiary is disputing. * Beneficiary’s contact number.   **Example:** If the beneficiary claims to have made a payment, the Premium Billing Specialized Care Team should include details such as:   * Check number. * Amount of payment. * Approximate date the check was mailed. * Whether the check has cleared the beneficiary’s bank account.   Do NOT copy and paste the above template in the RM Task, as there is limited space for notes in the task. Instead, list the reasons for the member’s dispute, with as much detail as possible for review.  Do NOT advise the member that they will receive a callback to advise them of the determination of the plan error review. The contact number is included in the task in case more information is needed from the member.  **Premium Billing Specialized Care Team Process Note:** RM Tasks Notes which simply say “Please Research” or “member insists on reinstatement” are **UNACCEPTABLE**. |
| **2** | 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 Including Viewing and Adding Comments in PeopleSafe (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62). * Log Activity 1327 = Premium Billing. |

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| Reinstatement/Re-enrollment Requests |

Typically, beneficiaries may enroll in a Medicare prescription drug plan **only** during the Annual Enrollment Period from **October 15** through **December 7** of each year. There are Special Election Periods that may allow the beneficiary to enroll in a Medicare prescription drug plan outside of this period.

If a beneficiary is requesting to be:

* **Reinstated**, refer to [Aetna MED D SilverScript - Process for Good Cause Determinations For Non-payment of Plan Premiums (063898)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=307fc8be-d14d-43ff-ab22-92e01762193f).
* **Re-enrolled** in the plan, refer to the applicable work instruction:
* [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)
* [MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related RM Tasks (002996)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=375bbf7d-02dd-4289-bff9-8cdd15b1a800)

**Note:** CMS guidance indicates that the beneficiary **MUST** pay **any** premium billing balances to **any** MED D plan before a new reinstatement/re-enrollment will be approved.

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| Frequently Asked Questions |

The following table will assist the **Premium Billing Specialized Care Team** in addressing Frequently Asked Questions regarding MED D SilverScript - Premium Billing Dunning and Disputes inquiries:

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| **#** | **Question** | **Answer** |
| **1** | **When do I have to pay by so that I am not disenrolled?**  **What amount do I need to pay?** | You must pay <$XX.XX> by <MM/DD/YYYY> to avoid disenrollment.  **Note:** Refer to **ONEclick**. |
| **2** | **Can you tell me what payment options are available?** | You can make a payment through the following options:   * + One-time payment via Credit Card/Debit Card/E-check   + Mail in your payment   + Online payment   + Standalone CVS/pharmacy   **Premium Billing Specialized Care Team Process Note:** Refer to the [Payment Options](#_Payment_Options) section of this document to take a payment. |
| **3** | **I can’t afford to pay my balance. I don’t want to be disenrolled. What can I do?**  **OR**  **I received a letter that I am past due with my MED D monthly premium. Can I set up a Payment Plan for this amount?** | **Premium Billing Specialized Care Team Process Note:** Payment Plans should **only** be established for beneficiaries who are past due with their MED D monthly premiums.  You have the option to set up a payment plan. The payment plan consists of paying a portion of your past due balance each month along with your monthly premium and any Late Enrollment Penalty you may owe. In order to avoid disenrollment, you must pay according to the terms of your payment plan agreement. I’d be happy to set up a payment plan for you now.  **Premium Billing Specialized Care Team Process Note:** Refer to [Aetna MED D - SilverScript - Premium Billing Payment Plans (101905)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a31498b1-6878-461c-a73a-54cd7b4ee9e8). |
| **4** | **I never use your plan so I’m not paying for it.** | I understand. If you do not pay, you may be disenrolled for failure to pay your premiums and will be without prescription drug coverage. Please note, if you go without prescription drug coverage for more than 63 days, you will be charged a Late Enrollment Penalty (LEP) when you re-enroll in any Part D plan. |
| **5** | **I didn’t receive a letter in the mail saying I was past due.** | **Premium Billing Specialized Care Team Process Note:** Locate the Dunning letter(s) in **ONEclick**.  Our records show the letter was mailed on <MM/DD/YYYY> to the following address, <insert address here>.   * The letter is sent within a windowed envelope; your mailing address would be visible through the plastic window. * The return address is from **Aetna** with the logo in larger print. * “**ATTENTION: Important Plan Information**” is printed on the front of the envelope in red.   **Premium Billing Specialized Care Team Process Note:** If the letter was sent to the incorrect address, then verify address on account and update if applicable. Refer to [MED D - Address Changes and Out of Area (OOA) (030149)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f). |
| **6** | **I received a letter in the mail, and I don’t understand why it says I am past due.** | You received a letter stating you may be disenrolled for failure to pay premiums because we did not receive your premium payment by the required due date.  Not paying your premium by the required due date puts you in jeopardy of possibly being disenrolled from the plan. To avoid disenrollment, you need to pay the amount listed in the letter by the end of the grace period also listed in the letter. |
| **7** | **I received a letter that says I owe a different amount than my last invoice. Which amount do I pay?** | Please pay <$XX.XX> by <MM/DD/YYYY> as listed in the Dunning 1 letter. |
| **8** | **If I sign up for Social Security Withholding, will that cover my past due balance?** | No. Premiums owed prior to the effective date for Social Security Withholding will not be paid through deductions from your Social Security benefit. The beneficiary is responsible for paying any premiums due prior to Social Security Withholding taking effect. |
| **9** | **Can I re-enroll next year?** | Yes. However, you must pay all past due balances before enrollment will become effective and you may have to pay a late enrollment penalty. |
| **10** | **What if the beneficiary is disputing the disenrollment?** | Refer to [Disputing Dunning/Disenrollment](#_Disputing_Dunning/Disenrollment). |
| **11** | **What if the beneficiary is disputing the balance?** | Refer to [Disputing Balances](#_Disputing_Balances). |
| **12** | **I received a letter stating I was disenrolled because I didn’t pay my premium.**  **But now I want to pay and re-enroll in the plan.** | Refer to [Reinstatement/Re-enrollment Requests](#_Reinstatement/Re-enrollment_Request). |
| **13** | **I received a letter regarding potential disenrollment for non-payment. I did not pay by the Due Date, but I was not disenrolled from the plan. I would like to be disenrolled.** | There are certain reasons a beneficiary may not be disenrolled from the plan after receiving possible disenrollment notification. Please allow our Premium Billing department to research the reason you were not disenrolled. Once the research has been completed, we will contact you to provide you with additional information.  **Premium Billing Specialized Care Team Process Note:** Contact your Supervisor/Mentor to submit an Escalation E-mail to Premium Billing at [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com). The email must include the beneficiary’s name, Member ID, and details of the issue. |
| **14** | **I do not get paid until after the end of the Dunning grace period. Can I wait to pay?** | No. You must pay <$XX.XX> by <MM/DD/YYYY>.You have the option to set up a payment plan. The payment plan consists of paying a portion of your past due balance each month along with your monthly premium and any Late Enrollment Penalty you may owe. In order to avoid disenrollment, you must pay according to the terms of your payment plan agreement. I’d be happy to set up a payment plan for you now.  **Premium Billing Specialized Care Team Process Note:** Refer to [Aetna MED D - SilverScript - Premium Billing Payment Plans (101905)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a31498b1-6878-461c-a73a-54cd7b4ee9e8). |

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| Additional Information |

**Resolution Times:** Resolution times vary by the specific situation. Refer to the **Resolutions Time** section in [Aetna MED D - SilverScript - Premium Billing General Information, Processes & Document Index (026695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7072bae5-b9f6-4141-991f-9b3d11e7a5bd) and [Compass and PeopleSafe - General Resolution Times/Turn Around Times (TAT) and Related Documents (028775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=863acba1-4370-4da9-9f6b-4cadf8633fbf).

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| Related Documents |

[Aetna MED D - SilverScript - Premium Billing General Information, Processes & Document Index (026695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7072bae5-b9f6-4141-991f-9b3d11e7a5bd)

**Grievance Standard Verbiage:** 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).

**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 Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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