# Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index

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**Description:** Provides the MED D Customer Care Representative (**CCR**) with details necessary to assist **SilverScript** MED D beneficiaries with general Premium Billing questions, processes, and an index to related documents.

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| Reminders |

**Refer to the following:**

* When assisting **SilverScript** MED D beneficiaries with Premium Billing questions, review all Case Comments and Medicare D Alerts on the Medicare D Landing Page, Member Recent Support Tasks, and necessary account information to ensure that the beneficiary is provided complete and accurate information.
* To maintain MED D coverage, beneficiaries are required to pay a monthly premium. **Premiums will vary depending on:**
  + Region of residence.
  + PDP and/or MAPD in which the beneficiary is enrolled.
  + Beneficiary’s financial status (LIS Level/ Dual Eligible).
  + Late Enrollment Penalty (**LEP**)
* The following **SilverScript** call types **must be WARM transferred** to the **Premium Billing Specialized Care Team at 1-866-824-4055:** Dunning, Good Cause, Payment Plans, SSA/RRB and RCD set-up/changes.

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

 Do **NOT** transfer Aetna EGWP beneficiaries to the Premium Billing Specialized Care Team.

* If the **Medicare D** tab in Compass is down, access **ONEclick** documents from the Member Snapshot Landing Page > **Quick Actions** panel > **Communications** hyperlink; refer to [Compass MED D - Viewing Correspondence and Requesting Reprints (061763)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c).

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| Disconnected and Dropped Calls |

For information on how to handle Disconnected or Dropped Calls, refer to [Disconnected, Dropped, No Caller (Ghost Calls), Spam, Automated, and Looping Calls (021760)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=480af287-dcb8-4305-84c5-dfe8e0c39312).

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| Reviewing Member or Client Alerts and Case Comments |

The Premium Billing department, as well as other departments may leave detailed notes on a beneficiary’s account in the Member or Client Alerts, Case Comments and/or Medicare D Alerts after researching a task, inquiry and/or making an Outbound Call to the beneficiary. It is very important for CCRs to review the Member or Client Alerts, Case Comments AND Medicare D Alerts EVERY time they assist a beneficiary with a call to ensure they are providing the beneficiary with necessary information and following the correct steps to assist the beneficiary.

After authenticating the call and listening to the beneficiary’s concern, CCRs MUST always review the notes on the beneficiary’s account.

Complete the steps below:

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| **Step** | **Action** |
| **1** | I would be happy to assist. Please allow me to review your account.   * Navigate to the **Alerts** panelin the top-left corner of either the Member Snapshot Landing Page or the Claims Landing Page.      Only active alerts will display in the **Alerts** panel. (Alerts transferring over from PeopleSafe without an expiration date do not display.)    The orange  icon indicates **Member** **Alert** expiration date needs confirmed.  **Example:** |
| **2** | Review the Comments in the **Case Comments** panel on the Member Cases Landing Page.    Icon - Important If there are recent notes from the Premium Billing department (or another department), the CCR MUST inform the beneficiary of that information. |
| **3** | Continue to research the member’s account (Medicare D alerts, premium & billing history, premium balance, ONEclick, etcetera) as necessary to assist the beneficiary. |

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| Viewing Premium Balance Details |

Before addressing any Premium Billing questions, or beginning any Premium Billing processes, the CCR **must** review the beneficiary’s **Premium Billing Balance (if any):**

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| --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | |
| **1** | Click the **Medicare D** tab to access the Medicare D Landing Page.   * Click the **Premium Billing** tab. (Click the chevron arrow to expand/collapse each section.) | | | | | |
| **2** | To view all payments and adjustments made to the beneficiary’s account AND to ensure the **Stock ID** field of the **Billing Cycle & Payment Method** section will display correctly, change the **Date Range** fields to **the following** and then click **Search:**   * **Start Date:** 01/01/2006 * **End Date:** 12/31 of the following year (**Example:** 12/31/2026) | | | | | |
| **3** | Verify if a Premium Billing Balance exists.   * View the **Net Amount Due** field (in the **Balance Details** box). | | | | | |
| **If the beneficiary…** | **Then…** | | | | |
| Has a Premium Billing Balance due | Proceed to **Step 4**. | | | | |
| Has **NO** Premium Billing Balance showing | Verify the Carrier. | | | | |
| **If Carrier is** | **Then…** | | | |
| BSwift | Refer to the [Compass MED D - Bswift/Benefits Administrator (064885)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48c2d18f-1a58-49b2-bd0f-590b4773bc9b) work instruction. | | | |
| Any other Client | Review the **Billing History** section. | | | |
| **If the Current Billing Total column reflects…** | | **Then…** | |
| Amounts | | Proceed to **Step 4**. | |
| $0.00 | | Review the **Rate Change**.  **Note:** Click the chevron arrow to expand/collapse each section. | |
| **If Paid By column indicates…** | **Then…** |
| Client | Refer to Client Information Form (**CIF**).  Do **NOT** transfer these calls to the Specialized Premium Billing Team. |
| Anything else | Proceed to **Step 4**. |
| **4** | Review billing charges applied to the account and payments received from third parties and the beneficiary within the **Billing History** and **Billing Cycle & Payment Method** sections.   * Verify the **Stock ID**. | | | | | |
| **5** | **Determine the beneficiary’s payment option:** | | | | | |
| **If the Stock ID is…** | **Then…** | | | | |
| INV | Check **ONEclick** to confirm if the member has been mailed a Dunning 1 letter (**Event Code:** DUN1) within the past 2 months. | | | | |
| **If…** | | **Then…** | | |
| **Yes** | | Refer to [Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4). | | |
| **No** | | Your current premium balance is <$XX.XX>. As a reminder, your entire balance is due each month by the invoice due date. If your payment has **NOT** been received by the due date on the invoice, you could receive the initial notice that begins the Dunning disenrollment process.  **Notes:**   * To view the beneficiary’s specific due date, access his/her actual invoice in **ONEclick**. * For additional questions about the Dunning process, refer to [[Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4). * 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 Compass MED D - SilverScript - Premium Billing Payment Plans (062794)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=330475b6-6b30-4c68-a65d-9a61922b6077). | | |
| EFT or RCD | Dialogue Your current premium balance is <$XX.XX>. Your balance will be charged to your credit card or debited from your bank account between the 8th & 10th of each month.  **Notes:**   * If the balance is $300 or less, the entire balance will be paid from the payment method on file. If the balance is more than $300, the plan must acquire and document the beneficiary’s permission to withdraw the entire balance from the beneficiary’s account or credit card. * General account information may be reviewed with beneficiaries who have the RCD payment method, without needing to transfer to the Premium Billing Specialized Team.   + If a beneficiary is requesting to **update** or **change** **RCD** information, then the CCR **must** transfer the beneficiary to the Premium Billing Specialized Team for further assistance. | | | | |
| SSA or RRB | Dialogue Your current premium balance is <$XX.XX>. As a reminder, any balances due prior to the start of your <Social Security/Railroad Board> Withholding must still be paid separately from this payment method.  **Note:** For additional questions about SSA or RRB, refer to [Aetna Compass MED D - SilverScript - SSA/RRB Premium Withholding (063011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb). | | | | |

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| Premium Payment Options |

The plan offers many ways for beneficiaries to pay their Aetna SilverScript MED D premiums. MED D CCRs can assist beneficiaries with processing a one-time payment over the phone or beneficiaries can also utilize one of many self-service options.

Follow the below steps for assisting beneficiaries with **one-time payment** **options:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Verify the balance due in **Compass**; refer to the [Viewing Premium Balance Details](#_Viewing_Premium_Balance) section.  **Reminder:** 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 following year (**Example:** 12/31/2026) | | |
| **2** | I can assist you with processing your One-Time payment via Credit Card/Debit Card or E-check or provide you with more information about our self-service options. | | |
| **If the beneficiary responds with...** | **Then…** | |
| **Credit Card/Debit Card** | Refer to [Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152). | |
| **E-Check** | Refer to [Aetna Compass MED D SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e). | |
| **Self-Service Options** | You can also make a payment through one of the following **options:**   * + IVR Payment   + Online Payment   + Pay at a standalone CVS/pharmacy   + Mail In Payment   Which payment method can I provide more information on? | |
| **If the beneficiary responds with...** | **Then...** |
| **IVR Payment** | You cancall 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. Please note that payments made on the IVR may take up to 3 days to be visible in plan systems.  Refer to [Aetna Compass MED D - SilverScript - Premium Billing Payment IVR (062850)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03062919-e9f9-4882-a270-29020b3d3a7c). |
| **Online Payment** | Refer to [Aetna Compass MED D - SilverScript - Premium Billing Online Payment Portal (062806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7eefffa-cbab-443b-9ea9-ebaece70494e).  **Note:** Payments made on AetnaMedicare.com/payyourpremium may take up to 3 days to be visible in plan systems. |
| **Pay at a CVS/pharmacy**  **Exception:** CVS/pharmacy at Target & Schnucks | Refer to [Aetna Compass MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (063010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bb1cebe-629c-4922-b737-c1c73418906d).  **Note:** It may take up to 4 business days for premium payments made at the pharmacy to post to a member’s account. |
| **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**  Mailed in payments can take up to two weeks to be received by the plan. Payment sent via mail are subject to USPS mailing timeframes. Check payments are processed and posted to accounts within 72 hours of the plan receiving the payment. |

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| Authorized Persons Who Can Make Changes to the Premium Billing Account |

Non-authorized callers (benefits offices, prescribers, individuals calling on behalf of the beneficiary, etcetera) are **unable** to make Premium Billing changes (including payment method) without the beneficiary’s permission.

* Only beneficiaries and Authorized Parties (designated individuals with POA legal documentation) can make these requests.
* Legal documentation **MUST** be viewable to continue with changes to contact information on file. Refer to the **Location of POA, AOR Legal Representative Information** section in [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b).

Fully authenticated callers **CAN** make One-Time credit/debit card or check payments as this will **NOT** change the account’s premium payment method.



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| Premium Payment Text Messages, Emails, and Automated Calls |

Aetna SilverScript beneficiaries who pay their SilverScript Part D premiums by check or Bank BillPay Check mailed into the plan may receive a text message, email, and/or automated call advising them that their payment has been received and that it may take up to a week for their financial institution to process the payment.

Refer to the below Questions and Answers when addressing questions about the **Premium Payment Receipt notifications:**

|  |  |  |
| --- | --- | --- |
| **Number #** | **Question** | **Answers** |
| **1** | **Why did I receive this text, email and/or automated call?** | You were sent the premium payment <text, email, or automated call> as a confirmation that we have received your premium payment. |
| **2** | **I don’t want to receive these texts (emails and/or automated calls). How do I opt out?** | **Email:** To opt-out of the premium payment notification emails, you can click the **Unsubscribe** link towards the bottom of the email you received.  **Text:** To opt-out of the premium payment notification text messages, you can reply to the text with “NOMED”.  **Automated Calls:** [Compass - Calling Issues Messaging Platform or Automated Outbound Calls and Do Not Call (057529)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3cfa0107-6faa-42eb-b203-c32ab42a4d96). |

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| Enrollment, LEP, IRMAA, SPAP & LIS |

 Premium Billing Invoicing begins AFTER the beneficiary is set up by Enrollment, and the information reflects in CMS data system. Beneficiaries are billed based on different circumstances; this includes but **not limited to:**

* Responsible for their premium balance.
* Responsible for their premium balance PLUS an additional charge for Failure to have creditable coverage when available called Late Enrollment Penalty (**LEP**).
* Responsible for their premium balance AND CMS has another third-party contractor separately bill/collect an additional charge based on their income called IRMAA.
* Responsible for their premium balance up to a certain amount or no premium balance based on their low-income subsidy level (**LIS**).

Premium Billing is driven based on the enrollment related activity. When the beneficiary is disputing their premium balance based on the following reasons:

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| **Dispute Reason** | **Refer to** |
| **Late Enrollment Penalty (LEP)** | [Compass MED D - Late Enrollment Penalty (LEP) Attestation and Appeals (062901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f57a4f76-7822-4cff-90ed-1aa5c31cf780) |
| **IRMAA** | [Compass MED D - Income Related Monthly Adjustment Amount (D-IRMAA) (062997)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee25e0cb-4f37-4931-afac-d91dd701e4ea) |
| **Low Income Subsidy (LIS)** | [Compass MED D - Low Income Subsidy (LIS) Informational Overview (062987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e)  **Note****:** If the member has LIS and has questions regarding their LIS premium responsibility, refer to [Compass Aetna MED D - SilverScript - Premium Awareness for LIS (Extra Help) and Loss of LIS (064886)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9a39cced-6b88-4d9f-867c-654aed92e163). |
| **SPAP** | CIF for SPAP information. |

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| Death of a Beneficiary |

In the event of a beneficiary’s death, any premium balance is due including a premium for the month in which the beneficiary died. **Example:** If a beneficiary dies in September and his/her account has already been billed for October, the October premium is not due.

**Reminders:**

* MED D premiums are due on the invoice **Due Date**. No pro-rating will be done to refund partial premium payments to the beneficiary’s estate.
* Power of Attorney documents (**POA**), AOR documents, and Plan Member Authorization documents **expire** at the time of death of the beneficiary and **do not** apply to the estate.
* For refunds to be sent to a name and/or an address other than what is on file for the beneficiary, the caller **MUST** submit legal documentation that authorizes the caller to act on behalf of the beneficiary’s estate.

Acceptable legal documentation includes, but it is **not limited to:**

1. Death Certificate
2. Will or Last Testament
3. Estate Documents – court issued
4. Probate Documents – court issued
5. Other documentation evidencing the basis for the request

 The following documents are **NOT** applicable as they expire at the beneficiary’s time of death: Power of Attorney (**POA**), AOR, and Plan Member Authorization documents.

If a caller requests a refund for any credit on the **deceased beneficiary’s account:**

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| **Step** | **Action** | |
| **1** | Confirm the caller is requesting to have the refund sent in the beneficiary’s name to the address on file **OR** that proper legal documentation has already been received.  **Notes:**   * To verify proper [legal documentation](#lega) has been received,review Medicare D alerts on the Medicare D Landing Page. * Power of Attorney documents (**POA**), AOR forms, and Plan Member Authorization documents **expire** at the time of death of the beneficiary and **do not** apply to the estate. | |
| **If...** | **Then...** |
| **Yes** | Proceed to **Step 2**.  If the caller requests the refund be sent to an address other than what is on file for the beneficiary, the caller **MUST** submit [legal documentation](#lega) that authorizes them to act on behalf of the beneficiary’s estate. |
| **No** | Advise the caller, for refunds to be sent to a name and/or an address other than what is on file for the beneficiary, the caller **MUST:**   * Mail or fax in [legal documentation](#lega) that authorizes the requestor to act on behalf of the beneficiary’s estate. * Include the requestor’s contact information in case a callback is needed for more information after the documents are received and reviewed.   **SilverScript Mailing Address:**  SilverScript Insurance Company  PO Box 30001  Pittsburgh, PA 15222-0330  **SilverScript Fax Number:** 1-866-552-6205 |
| **2** | Dialogue I will be happy to send a refund request for you that will be researched by the appropriate department. If a refund is due, the refund check should be received **within 21 business days**.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount requested for refund>  **Reason For Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary is deceased, refund is requested. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>.   **Note:** If refund is being requested in another name or address, and proper document has been received, **also** notate the requested name and address & caller’s contact number.  **Notes:**   * Fields containing an asterisk (\*) are required. * The amount of the requested refund should be typed in the **Amount Disputed** field. * Plan records will be fully updated once data is reconciled with Social Security records. * If the beneficiary paid his/her premium through SSA/RRB deductions, the refund will be issued by either SilverScript or the SSA depending on whether the beneficiary or SSA deductions caused the overpayment. Refunds from the SSA may take up 1 or more months to receive. | |

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| EGWP Accounts |

**EGWP** (SSI or Aetna SSI) beneficiary payments or plan requests do not need to be transferred to the Specialized team for premium payments or autopay activations/updates. Refer EGWP beneficiaries to the information provided by their plan for all their premium payment options.

Important IconThe **SilverScript Member Portal**, powered by InstaMed, and **AetnaMedicare.com** website **cannot** process **EGWP** (SSI or Aetna SSI) beneficiary payments or plan requests. EGWP beneficiaries must either mail a check/money order to the address on their invoice, set up ACH/BillPay through their bank/EFT form, or be assisted by Customer Care using the SSO for Premium Payments; refer EGWP beneficiaries to the information provided by their plan.

Refer to [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4).

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| Premium Statement Requests |

Premium statements are provided at the beneficiary’s request. Premium statements provide Premium Billing account details and provides an itemized list of premiums (and LEP if applicable) billed and payments received for the life of the Premium Billing account, including how the payment was received (Check/Money Order, SSA, RCD, EFT/ACH). Premium statements will have the Aetna Logo on them as well as the plan the beneficiary is enrolled in.

**Premium statements are used for:**

* Tax purposes.
* Housing purposes; also refer to [MED D - Information Requests from Department of Housing (HUD) (024871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a864d91e-dd80-43a7-b8c1-c5f3108316a2).
* Providing a breakdown of the account balance.
* Disputing some part of the premium billing account.

**Notes:**

* Probe the caller to determine the nature of the request (for record purposes or disputing balance).
* Statements are **NOT** a substitute for invoices and are **NOT** sent to beneficiaries on an ongoing basis.

When a beneficiary requests an account statement:

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| **Step** | **Action** |
| **1** | Determine why the beneficiary is requesting **an** **account statement:**   * **For record purposes:** Taxes, housing, breakdown of balance, proceed to **Step 2**. * **To dispute** some part of his/her premium billing account: Balance, check, Late Enrollment Penalty (**LEP**), LIS amount, refer to [Premium Billing Disputes (non-Dunning)](#_Premium_Billing_Disputes). |
| **2** | Dialogue I am submitting your request. A detailed statement of your Premium Billing activity will be mailed to you.  **CCR Note:** Premium statements are sent by mail and cannot be submitted via email or accessed online.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** STATEMENT REQUEST  **Task Notes: Document the following:**   * **AST017**, Beneficiary requests statement for <**list reason(s), detail exactly** what the beneficiary is disputing> & <**specify dates in question**>.   **Note:** Fields containing an asterisk (\*) are required.  **Reminder:** ONLY a Statement of Premiums can be generated. 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) for medication statements.  **CCR Note****:** If the member is not disputing the balance and just wants a premium statement, enter “00.00” in the **Amount Disputed** field. |

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| Premium Billing Disputes (non-Dunning) |

 If the beneficiary is calling to dispute the balance on a Dunning letter that was recently received, refer to [[Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4).

When a beneficiary has a dispute regarding his/her **Premium Billing balance (non-Dunning):**

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| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Determine if the caller is authorized to file a dispute regarding the beneficiary’s premium billing account; refer to [Authorized Persons Who Can Make Changes to the Premium Billing Account](#_Authorized_Persons_who).   * If **the beneficiary or POA**, proceed to **Step 2**. * If **NOT** the beneficiary or POA, Dialogue Requests to file disputes on the beneficiary’s premium billing payment account can only be made by the beneficiary or Power of Attorney. The beneficiary may contact us at any time about how to submit the request. I apologize for the inconvenience. | | |
| **2** | Dialogue Are you disputing enrollment in the plan and the balance associated with it **or** just the balance due?  **Note:** Use the following examples to determine if the dispute involves an enrollment issue or is only about the balance due.  **Enrollment Issues:**   * The beneficiary says s/he did not enroll in this plan and therefore does not owe the balance due. * The beneficiary disputes his/her coverage effective date. * The beneficiary disputes LEP charges.   **Balance Issues (unrelated to enrollment):**   * The beneficiary says s/he made multiple payments although they are not reflected in **Compass**. * The beneficiary has 100% LIS and disputes owing a premium. * The beneficiary states his/her payments were not posted to the account correctly and disputes the balance. | | |
| **If the caller is disputing…** | **Then…** | |
| Enrollment and balance | * I am sending a request to further research this payment. The Enrollment Department will contact you within 14 business days regarding this issue.   **Note:** Advise the beneficiary about disenrollment. If beneficiary requests disenrollment, educate beneficiary on options to disenroll and offer to send the disenrollment form; refer to [MED D - Specialized Member Services Team (SMST) - Voluntary Disenrollment (025467)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf9254b7-8395-48c8-b026-ad3b5a76a9ba).   * **Submit the following Support** **Task** (Refer to [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks (065233)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a))**:**   **Task Type:** Enrollment -Enrollment/Eligibility Discrepancy  **Task Notes: Document the following:**   * Detailed information as to why the beneficiary is disputing the enrollment and related balance due. * Beneficiary’s address, contact number, requests follow-up contact.   **Note:** Fields containing an asterisk (\*) are required. | |
| Balance **ONLY** | Dialogue Did you send a check payment within the last **14 business days** that should have reduced or paid off the outstanding balance? | |
| **If…** | **Then…** |
| Yes | Proceed to **Step 3**. |
| No  **OR**  A payment was sent more than 14 business days ago | Ask the beneficiary to explain (enhance with additional specifics) what part of the balance is being disputed and why.  Dialogue I am sending a request to further research this matter. A detailed statement of your Premium Billing activity will be sent to you.  **Send the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** FULL ACCOUNT RECON  **Task Notes: Document the following:**   * + **IBR007**, Beneficiary is requesting a statement, concern with having to pay the premium for outstanding balance due to <list reason – **detail exactly** what the beneficiary is disputing>.   **Complete the Task fields as applicable:**  **Amount Disputed -** Required <enter the payment amount>  **Reason for Dispute -** Required  **Payment Not Applied?** - If Yes, complete check detail fields below:   * Check Number. * Check Amount. * Check Date - The date the check was written. * Date Check Cleared Bank - if the payment did not clear, indicate so in the **Notes** field.   **Note:** Fields containing an asterisk (\*) are required.  **Example:** If the beneficiary claims to have made a payment that was not applied, the CCR should include details **such as:**   * Check number. * Amount of payment. * Check Date. * Date the check was mailed - include in **Notes** field. * Whether the check has cleared the beneficiary’s bank account. |
| **3** | Dialogue Has the check cleared your bank account? | | |
| **If…** | **Then…** | |
| Yes | Dialogue I understand. I am sending a request to further research this matter. A detailed statement of your Premium Billing activity will be sent to you.  **Send the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT RESEARCH - PAYMENT NOT POSTED TO ACCOUNT  **Task Notes: Document the following:**   * **MPR012**, Beneficiary made a check payment that is not posted to their account. * Beneficiary’s contact number.   **Complete the Task fields as applicable:**  **Amount Disputed –** Required <enter the payment amount>  **Reason for Dispute –** Required  **Payment Not Applied**? – If Yes, complete check detail fields below:  **Check Number**  **Check Amount**  If possible, the **Check Date** – The date the check was written  If possible, the **Date Check Cleared Bank**  **Note:** Fields containing an asterisk (\*) are required.  **Example:** If the beneficiary claims to have made a payment, the CCR should include details **such as:**   * Check number. * Amount of payment. * Check Date. * Date the check was mailed - include in **Notes** field. * The date the check cleared the beneficiary’s bank account. | |
| No | Dialogue If the check has not cleared your bank account, the payment may still be processing. Please allow time for the check to process. If your check has not cleared **14 business days** after you mailed your payment, please call MED D Customer Care and we can research the matter further at that time. | |

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| Credit Balances and Premium Refunds |

 Authenticated callers **CAN** request refunds on behalf of a beneficiary to be sent to the existing mailing address on file.

**Click link to quickly access these topics:**

* [Escalated Refund Process](#escalated)
* [Credit Balance Invoice or Refund Requests Process](#CreditBalanceInvoice)

**Escalated Refund Process**

Perform the following steps:

|  |  |
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| **Step** | **Action** |
| **1** | **Determine if the beneficiary meets** **the following criteria:**   1. Beneficiary calls to report a Premium Billing transaction was made in **error AND** was for **more than $1500.00** **immediate action is required**.   **AND**   1. Beneficiary expresses hardship. (**Unsolicited, do not prompt the beneficiary to express hardship as required to escalate**.)   If the beneficiary meets the criteria within **both A & B**, proceed to **Step 2**.  If the beneficiary mentions **non-sufficient funds (NSF), overdraft, or stop payment** **this is** **not a refund and should not follow the Escalated Refund Process**, advise the beneficiary the account will be reviewed and adjusted as necessary, **then submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Description of the situation <**non-sufficient funds (NSF), overdraft, or stop payment**>. * Check number, check amount, check date, date check was cashed if applicable.   **Notes:**   * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| **2** | **MED D Care CCR and/or Premium Billing Specialized Team CCR will create the following Support Task**:  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount requested for refund>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Description of the situation <**unsolicited Hardship stated**>. * Check number, check amount, check date, date check was cashed if applicable.   **Notes:**   * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| **3** | **MED D Care CCR and/or Premium Billing Specialized Team CCR must place the beneficiary on hold, and then notify a Supervisor for assistance.**  **Supervisor Process:** Submit an escalated email to the Premium Billing Department for immediate research to **the following mailbox****:** [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com).  **Provide the following details:**   * Beneficiary Name, Beneficiary ID/MBI. * Current payment option <SSA/RRB, EFT, RCD or INV>. * Description of the situation <**unsolicited Hardship stated**>. * Check number, check amount, check date, date check was cashed if applicable. * **Support Task Number** required. |

**Credit Balance Invoice or Refund Requests Process**

When a MED D beneficiary contacts Customer Care regarding credit balance invoices or a refund on any MED D **Premium Billing balance** **shown on his/her account:**

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| **Step** | **Action** | |
| **1** | From the Medicare D Landing Page, verify the **Credit Balance** on the **Premium Billing** tab; refer to the [Viewing Premium Balance Details](#_Viewing_Premium_Balance) section in this work instruction.  **Reminder:** For a premium billing refund to be considered as an overpayment, **one of the following** **must** **appear:**   * **Net Amount Due:** Amount will appear in parentheses ($xx.xx).   **OR**   * **Credit Balance:** A value will be listed. | |
| **If the beneficiary has…** | **Then…** |
| A credit balance | The credit balance **must** be verified before submitting a refund request. View receipt history to verify whether there was a recent refund request to avoid duplicate requests.  Proceed to **Step 2**. |
| No balance | Advise the beneficiary that there is no balance currently and no credit exists on the account.   * If the beneficiary **does not** have a credit balance on the account but insists that they are owed a premium refund, **submit the below Support Task:**   **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount requested for refund>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary Name, Beneficiary ID/MBI. * Indicate Current payment option <SSA/RRB, EFT, RCD or INV>. * <**Detail exactly** what the beneficiary is disputing.>   **Notes:**     * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| **2** | Dialogue Your account currently reflects a credit balance of <$xx.xx>. If you would like to leave the credit balance on your account, it will be applied to future premiums due. As a reminder, if your premiums are paid through a third-party subsidy, any refund request may be issued to that third party. | |
| **If the beneficiary…** | **Then…** |
| Requests a refund | Dialogue I will be happy to send a refund request for you that will be researched by the appropriate department. If a refund is due, you should receive your refund check **within 21 business days**.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount requested for refund>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Refund is requested.   **Notes:**   * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. * If the beneficiary pays any portion of his/her premium through SSA/RRB deductions, the refund will be issued by either SilverScript or the SSA depending on whether the beneficiary or SSA deductions caused the overpayment. Premium Billing will review the account to determine if the Plan can process the refund. * Refunds from the SSA (recoupments) may take up to 1 or more months to receive. * SSA’s recoupment process is **not** controlled by the Plan; once CMS has updated the LIS or Eligibility, they notify SSA. The Plan must return the premium payments to SSA, as they were received from SSA and not the beneficiary, and SSA will return the funds to the beneficiary. This process can take up to 90 days. The refund, when SSA processes it, will appear on the beneficiary’s SSA check. * Refunds processed back to **debit/credit cards** **must** be for the **full amount** of the **original charge**; credit may take 5-7 business days to apply to the card account, depending on bank processes. **Partial** refunds will be processed by **manual check** refund with 21 business day TAT. * Refund requests **for E-check or EFT** payments are only processed back to the bank account electronically in extenuating circumstances, pending Premium Billing review; credit may take 5-7 business days to apply to the bank account, depending on bank processes. Full **and** Partial refunds of E-check/EFT payments will be processed by **manual check** refund with 21 business day TAT, following the required 5 business day holding period to confirm no returned item. |
| Did not receive his/her refund within the 21-day window | Dialogue I apologize for the delay. Your refund is still being researched and if a refund is still due upon completion of the research, the refund will be mailed to you.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount of the refund>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **REF014**, Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Beneficiary has not received his/her refund in the allotted time * Beneficiary’s current mailing address.   **Notes:**   * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. * If the refund differs in any way from the original request, Premium Billing will initiate a callback Task to be completed by MED D Customer Care once the research has been completed. |
| Disputes his/her account balance | Review the beneficiary’s current balance, refer to the [Viewing Premium Balance Details](#_Viewing_Premium_Balance) section in this work instruction.   * **If further research is needed to reconcile the account**, submit the following Support Task, and advise that a plan representative will contact the beneficiary once research is **complete:**   **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount the beneficiary is disputing>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **IBR007**, Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Beneficiary requesting a refund but is disputing the balance <add specific details for the dispute>.   **Notes:**   * Fields containing an asterisk (\*) are required. * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number, and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| Says he/she intentionally paid in advance on his/her account and does not want a refund | Dialogue We will retain the credit balance on the account as long as you are an active plan member.  **Notes:**   * If the beneficiary is terminated from the plan or his/her premium becomes fully covered by Extra Help, a refund will be issued. * No other action is needed. |
| Does not wish to receive credit balance invoices | Dialogue We apologize for the inconvenience. At this time, we do not have the capability to suppress credit balance invoices without issuing a refund. |

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| Uncashed Refunds |

When a MED D beneficiary contacts Customer Care regarding uncashed refunds, **perform the following:**

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| **Step** | **Action** | | | |
| **1** | Dialogue This refund check was issued because you had a credit balance due to overpayment of your MED D monthly premiums.The uncashed refund check can be reissued or applied to your active premium account.Would you like the check reissued to you or applied to your active account?  **Note: Do not** offer to apply the uncashed check to a terminated account. | | | |
| **If the beneficiary requests to...** | **Then...** | | |
| Reissue the check | Dialogue I will be more than happy to have the check reissued. You should receive the reissued check within 21 businessdays. Can you please confirm the mailing address for the refund check? | | |
| **If address...** | **Then...** | |
| Matches address on file | Dialogue Thank you for confirming this information. We will process your request and reissue the refund check to the address on file. When we reissue this check, if you have any additional uncashed premium refund checks, please be aware that we will reissue those at the same time.**Please allow up to 21 business days for receipt of the refund check.**  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount of the uncashed refund>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * + **UCR020**, Uncashed check letter outreach. Beneficiary requests reissue.   + Check Number.   + Issue Date.   + Check Amount.   + The beneficiary’s current address.   **Note:** Fields containing an asterisk (\*) are required. | |
| Does **NOT** match address on file | Dialogue Without a current mailing address, we cannot ensure your reissued check will reach you. Would you like to apply the check to your active premium account?  **Note: Do not offer to apply the uncashed check to a terminated account.** | |
| **If...** | **Then...** |
| **Yes** | Dialogue I will be more than happy to have the check applied to your active premium account. Please be aware that it can take up to 45 business days to reflect the credit on your monthly invoice. Thank you for allowing me to put the credit back into your active account.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed****:** <Enter the amount requested to be reapplied to the account>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * + **UCR020**, Beneficiary would like to apply uncashed refund check to his/her premium account.   + Check Number.   + Issue Date.   + Check Amount.   + The beneficiary’s current address.   **Note:** Fields containing an asterisk (\*) are required. |
| **No** | Dialogue I understand. This refund amount is still owed to you. If you would not like the check reissued or the credit applied to your account, the check will be transferred to the state in which you reside in accordance with its unclaimed property laws. |
| Apply the check amount to his/her active premium account | Dialogue I will be more than happy to have the check applied to your active premium account. Please be aware that it can take up to 45 business days to reflect the credit on your monthly invoice. Thank you for allowing me to put the credit back into your active account.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** <Enter the amount requested to be reapplied to the account>  **Reason for Dispute:** REFUND REQUEST/STATUS  **Task Notes: Document the following:**   * **UCR020**, Beneficiary would like to apply uncashed refund check to his/her premium account. * The beneficiary’s current address.   **Note:** Fields containing an asterisk (\*) are required. | | |

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| Uncashed Refunds Frequently Asked Questions |

**Refer to the following:**

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| **#** | **Question** | **Answer** |
| **1** | **Why was I issued the original refund check?** | Dialogue At some point, you overpaid on your MED D monthly premiums and accrued an account balance. You either requested a refund through a care representative and/or automated voice system.You may have gained state (**SPAP**) or federal (**LIS**) subsidies. |
| **2** | **When was I issued this refund check?** | Dialogue Your original refund check was issued on <MM/DD>. However, the refund check was never cashed.  **Note:** Refer to the **Payments & Adjustments** within the **Medicare D** tab in **Compass** to determine when the beneficiary’s check was issued. |
| **3** | **Non-Beneficiary calls requesting re-issue of a refund check to the “ESTATE OF” or to Non-Beneficiary?** | Dialogue No Estate Papers or Death Certificate is/are on file showing Estate or C/O information. Once documentation is provided, it will be reviewed and appropriately processed.  Mail documentation to:  **SilverScript Insurance Company**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR**  Fax toSilverScript: **1-866-552-6205** |

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| Single-Sign-On (SSO) Premium Payments NOT Appearing in Compass |

Premium Payments submitted on the Single-Sign-On (**SSO**) system should load into **Compass** within **3** business days; the payment will appear in the system as **CREDIT CARD PAYMENT** or **one time ACH**.

If the premium payment was submitted on the Single-Sign-On (**SSO**) system but is **NOT** yet showing in **Compass**, Log into the Single-Sign-On system; **refer to appropriate:**

* [[Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152)
* [[Aetna Compass MED D SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e)

 Open a Support Task for beneficiaries referencing a payment problem, even if the payment is not yet visible in **Compass,** and advise that a plan representative will contact the beneficiary **once research is completed:**

**Task Type:** Premium Billing Inquiry Medicare D

**Amount Disputed:** <Enter the payment amount>

**Reason for Dispute:** Credit Card Payment\*

**Task Notes: Document the following:**

* **CCP003**, Provide details of the beneficiary’s concern(s).
* Beneficiary’s contact number.

**Notes:**

* Fields containing an asterisk (\*) are required.
* Reason for Dispute option “**Credit Card Payment**” is valid to direct both One-Time credit card and E-Check Tasks for proper handling.

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| Incorrect LIS Status Prior to Invoicing |

**Note****:** Low Income Subsidy (**LIS**)eligiblebeneficiaries enrolled inthe SilverScript Choice plan, may or may not pay a premium. This will depend on whether they are in a region either above or below the benchmark. The Social Security Administration will determine eligibility for LIS.

Refer to [Compass Aetna MED D - SilverScript - Premium Awareness for LIS (Extra Help) and Loss of LIS (064886)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9a39cced-6b88-4d9f-867c-654aed92e163).

When a beneficiary has the wrong LIS Status and a correction is made after the beneficiary’s account was invoiced, the CCR will verify the LIS Status in **MARx** matches what is listed in **FACETS**; refer to [Compass MED D - Verifying Enrollment, Eligibility, and LIS in MARx (062919)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97073956-89ea-45dc-be12-d8b49af47bab).

* **If the LIS Status matches**, Dialogue This issue will be corrected on the next Premium Billing Invoice.
* If the LIS status does **NOT** match, **submit the following Support Task:**

**Task Type:** Enrollment - LIS – Low Income Subsidy

**Task Notes:** Document the following:

* Verified correct LIS level for beneficiary in **MARx**.
* Provide details of the beneficiary’s concern(s).
* Beneficiary’s contact number.

**Note:** Fields containing an asterisk (\*) are required.

 Refer to [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks (065233)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a); DO **NOT** send a Medicare Part D Premium Billing Inquiry Task.

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| Premium Billing Invoicing & Due Dates |

Refer to [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4).

**Notes:**

* To view the beneficiary’s specific due date, access the invoice in **ONEclick**.
* If a beneficiary requests an invoice be sent in an alternate/accessible format, for **example:** Large Print, Braille, or Audio, refer to [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4).

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| Payment Options Based on Client |

**Beneficiaries have multiple options for payments. Beneficiaries may make a One-time payment or pay their monthly MED D premium payment automatically.**

**Benefits to Auto Pay options:** Auto Pay options provide the beneficiary peace of mind when it comes to MED D Premium Billing payments. **Ensures the premium is paid on time each month and benefits are protected from possible disenrollment that can occur from nonpayment of premiums.** There is **no** cost for postage. Beneficiaries can verify their Premium Billing payments on Credit Card / Debit Card or Bank statements.

**Refer to the table below:**

|  |  |
| --- | --- |
| **Payment Options** | **Notes/Related Documents** |
| **SSA/RRB Withholding** | [[Aetna Compass MED D - SilverScript - SSA/RRB Premium Withholding (063011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb) |
| **E-Check/EFT/ACH**  (One-Time E-Check or Automatic Payments) | [Aetna Compass MED D - SilverScript Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e) |
| **Credit Card/Debit Card**  (One-Time or Automatic Payments) | [[Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152) |
| **Mail personal check or money order**  (Direct Invoice) | Refer to [Premium Billing Addresses](#_Premium_Billing_Addresses_1) section in this document for address information. |
| **IVR** | 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; refer to [Aetna Compass MED D - SilverScript - Premium Billing Payment IVR (062850)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03062919-e9f9-4882-a270-29020b3d3a7c).  **Updating** an existing EFT/RCD **cannot** be done on the IVR. Refer SilverScript beneficiary to the InstaMed Member Portal. SilverScript beneficiaries are able to create a secure login to manage their premium payments and payment methods. CCRs can refer to the [Aetna Compass MED D - SilverScript - Premium Billing Online Payment Portal (062806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7eefffa-cbab-443b-9ea9-ebaece70494e) work instruction to assist with navigation. |
| **Incomm**  (Pay at the Pharmacy) | [Aetna Compass MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (063010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bb1cebe-629c-4922-b737-c1c73418906d) |
| **Premium Billing Online Payment** | [Aetna Compass MED D - SilverScript - Premium Billing Online Payment Portal (062806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7eefffa-cbab-443b-9ea9-ebaece70494e)  The **SilverScript Member Portal** will **not** contain payment history from any other payment methods, such as check/money order, bank BillPay (set up through their banks), or SSA/RRB withholding. Do **not** refer beneficiaries to create a login for the Member Portal if they pay by anything **other than** credit/debit card/RCD or E-checks/EFT.    **Note:** Beneficiaries who do **not** have an **email** address will **not** be able to process a **Guest** payment **or** create a **Login** for the Member Portal. Offer self-service **Premium Payment IVR** as an option.   * All **plan related** concerns must be addressed by **SilverScript Customer Care** representatives. This includes updating the email address for Member Portal payment receipts. * For any **Technical Questions** (**Example:** Password issues), contact InstaMed Customer Service via telephone at **1-866-467-8263** or email at [support@instamed.com](mailto:support@instamed.com). |

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| Premium Billing Processing Times |

Refer to the table below:

|  |  |
| --- | --- |
| **Type** | **Processing** |
| **Credit Card/Debit Card Payments** | The beneficiary can use the credit card / debit card as a **one-time** payment **OR** have this card on file for **automatic (recurring)** payments on a monthly basis.   * Credit card / debit card payments will be visible in **Facets/Compass** within **3 calendar days**. |
| **EFT/ACH Forms & Payments** | EFT form requests are sent weekly to beneficiaries and can take up to **2** weeks to be received by the beneficiary.   * It can take up to **2** billing cycles for this auto-pay option to take effect. * Once this payment method begins, the premium amount will be electronically withdrawn from the beneficiary’s account between the **8th** and the **10th** of the month. * It can take up to **3 calendar days** for the EFT/ACH payment to reflect in CVS Caremark systems. |
| **SSA/RRB Payments** | Request sent during the next cycle.   * SSA/RRB Withholding may take **2** or more months **for a deduction** to begin. If the request is approved, CMS will determine the effective date of SSA/RRB Withholding. * Social Security Refunds may take **2** or more months. |
| **Duplicate Invoice**  **Statement Letter Requests** | Premium Billing Support Task requests can take up to **14** **business days**. |
| **Refund Checks** | Beneficiaries should allow **21** **business days** for Premium Billing refund checks. |
| **Incomm Payments** | **One-time**premium billing payments made at a CVS/pharmacy through **INCOMM** are visible in **Compass** within **4 business days**. |

**Support Task Resolution Times:** Resolution times for Premium Billing Support Tasks are contingent on the issue. Premium Billing will research and provide a resolution for all Premium Billing related activity within **10 business days**. This does **not** include Invoice requests, statement letters, refunds, and social security refunds. Any issue requiring review from other internal departments can cause a delay in Premium Billing addressing the concern with the standard timeframe of 10 business days. Refer to [Compass - Support Task Types and Uses with Turnaround Time (TAT) (056365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1).

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| Premium Billing Addresses |  |

Refer to the table below:

|  |  |
| --- | --- |
| **Type** | **Address** |
| **Payment Addresses** | **SilverScript Insurance Company**  **P.O. Box 7411650**  **Chicago, IL 60674-5650** |
| **EFT Set-Up Address** | **For Premium Payment Option Requests** **ONLY (not used for payments)**:  SilverScript Insurance Company  PO Box 30004  Pittsburgh, PA 15222-0330 |
| **Payment Dispute Address** | SilverScript Insurance Company  PO Box 30001  Pittsburgh, PA 15222-0330 |
|
| **Bankruptcy** | Beneficiaries may call to request information for Bankruptcy. Advise the beneficiary their Official Bankruptcy Documentation must be sent to the address below **for** **processing:**  SilverScript Insurance Company  PO Box 30001  Pittsburgh, PA 15222-0330 |

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| Creating a Support Task |

For the steps to open a Support Task (formerly known as Resolution Manager <**RM**> Task) with or without an existing claim in Compass, refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).

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| Support Task Reminders |

Support Tasks must be created with clear and concise information. It is important to probe the caller and notate specific data when needed (**Examples:** Caller’s name, date, month, dollar amount, and payment method). Refer to the applicable work instruction to determine what is necessary to include in the Task Notes when submitting a Premium Billing Support Task.

 **Premium Billing Specialized Team Process Notes:** Do **NOT** cancel/close any open PB Support Tasks that have already been submitted.

* For PB Support Tasks submitted in error **or** when additional information should be included in the Support Task, contact your Supervisor/Mentor to submit an Escalation Email to Premium Billing at [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com).
  + The Escalation Email must include the beneficiary’s name, Member ID, and issue details.
  + In addition, access the **Case Comments** panel on the Member Cases Landing Page in Compass and notate the beneficiary’s account with the issue details (why the Support Task was submitted in error **or** the additional information that should be included in the Support Task).

**Notes:**

* Under no circumstance is it appropriate to list full credit card/debit card numbers or EFT/ACH routing and account numbers in a Support Task; users who fail to abide by policy may be subject to disciplinary action.
* Refer to [Premium Billing Processing Times](#_Premium_Billing_Processing) section for Turnaround time details.

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| Premium Billing Document Index |

**Click link to quickly access these topics:**

* [Premium Billing Specialized Team Documents](#Specialized) - (documents may be listed within additional topics)
* [Dunning/Disenrollment Documents](#Dunning)
* [Good Cause Documents](#GoodCause)
* [Premium Billing Payment Documents](#PBPayment)
* [Premium Billing Process Documents](#PBProcess)
* [Premium Billing Systems Documents](#PBSystem)
* [Premium Billing Samples, Forms and Letters](#sample)
* [Premium Billing Senior Documents](#Senior)

**Refer to chart below:**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Document Links** | **High Level Description of Document** |
| **Premium Billing Specialized Team** documents | [[Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4) | SilverScript Dunning Work Instructions |
| [Aetna Compass MED D SilverScript - Process for Good Cause Determinations - For Non-payment of Plan Premiums (062864)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=211427e2-88f8-4f0b-9109-eb5516af60b8) | Good Cause SilverScript Work Instructions |
| [Aetna Compass MED D - SilverScript - Premium Billing Payment Plans (062794)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=330475b6-6b30-4c68-a65d-9a61922b6077) | Payment Plans |
| [[Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152) | Credit Card / Debit Card (One-Time or Automatic Payments) |
| [Aetna MED D - SilverScript - Automatic Credit Card/Debit Card (RCD) Premium Payment Inquiry Job Aid (011882)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52033643-505d-4d70-871f-241dc3d1b0b2) | **JOB AID** for Credit Card / Debit Card (Automatic Payments) |
| [Aetna Compass MED D - SilverScript - Premium Billing Online Payment Portal (062806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7eefffa-cbab-443b-9ea9-ebaece70494e) | Premium Billing Online Payment  The **SilverScript Member Portal** will **not** contain payment history from any other payment methods, such as check/money order, bank BillPay (set up through their banks), or SSA/RRB withholding. Do **not** refer beneficiaries to create a login for the Member Portal if they pay by anything **other than** credit/debit card/RCD or E-checks/EFT.  **Note:** Beneficiaries who do **not** have an **email** address will **not** be able to process a **Guest** payment **or** create a **Login** for the Member Portal. Offer self-service **Premium Payment IVR** as an option.  All **plan related** concerns must be addressed by **SilverScript Customer Care** representatives. This includes updating the email address for Member Portal payment receipts.  For any **Technical Questions** (**Example:** Password issues), contact InstaMed Customer Service via telephone at 1-866-467-8263 or email at [support@instamed.com](mailto:support@instamed.com). |
| [Aetna Compass MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (063010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bb1cebe-629c-4922-b737-c1c73418906d) | Incomm (Pay at the Pharmacy) - SilverScript **ONLY** |
| [[Aetna Compass MED D - SilverScript - SSA/RRB Premium Withholding (063011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb) | SSA/RRB Withholding |
| [[Aetna Compass MED D SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e) | E-Check **One-Time** Payment, **Automatic** Payments, EFT/ACH Forms |
| [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4) | Invoices |
| [Aetna Compass MED D - SilverScript - Premium Billing Payment IVR (062850)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03062919-e9f9-4882-a270-29020b3d3a7c) | Premium Billing Payment IVR |
| [Aetna Compass MED D - SilverScript - Premium Billing Social Security Administration (SSA) Collection Letter Job Aid (064887)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=016ececc-e257-4f32-8056-3fe0851f06d6) | SSA Collection Letter **Job Aid** |
| **Dunning/Disenrollment** Documents | [[Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4) | SilverScript Dunning Work Instructions |
| **Good Cause** Documents | [Aetna Compass MED D SilverScript - Process for Good Cause Determinations - For Non-payment of Plan Premiums (062864)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=211427e2-88f8-4f0b-9109-eb5516af60b8) | Good Cause SilverScript Work Instructions |
| Premium Billing **Payment** Documents | [[Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152) | Credit Card / Debit Card (One-Time or Automatic Payments |
| [[Aetna Compass MED D SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e) | E-Check **One-Time** Payment, **Automatic** Payments, EFT/ACH Forms |
| [[Aetna Compass MED D - SilverScript - SSA/RRB Premium Withholding (063011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5cb44731-3a9c-419d-bc0e-502b1b8a5aeb) | SSA/RRB Withholding |
| [Aetna Compass MED D - SilverScript - Premium Billing Online Payment Portal (062806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7eefffa-cbab-443b-9ea9-ebaece70494e) | Premium Billing Online Payment  The **SilverScript Member Portal** will **not** contain payment history from any other payment methods, such as check/money order, bank BillPay (set up through their banks), or SSA/RRB withholding. Do **not** refer beneficiaries to create a login for the Member Portal if they pay by anything **other than** credit/debit card/RCD or E-checks/EFT.  **Note:** Beneficiaries who do **not** have an **email** address will **not** be able to process a **Guest** payment **or** create a **Login** for the Member Portal. Offer self-service **Premium Payment IVR** as an option.   * All **plan related** concerns must be addressed by **SilverScript Customer Care** representatives. This includes updating the email address for Member Portal payment receipts. * For any **Technical Questions** (**Example:** password issues), contact InstaMed Customer Service via telephone at 1-866-467-8263 or email at [support@instamed.com](mailto:support@instamed.com). |
| [Aetna Compass MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (063010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bb1cebe-629c-4922-b737-c1c73418906d) | Incomm (Pay at the Pharmacy) - SilverScript **ONLY** |
| [Aetna Compass MED D - SilverScript - Premium Billing Missing Check Payment Research (065236)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89b5112d-c944-41f1-8039-89c86c0b3d02) | Missing Check Payment Research |
| [Aetna MED D - SilverScript - Automatic Credit Card/Debit Card (RCD) Premium Payment Inquiry Job Aid (011882)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52033643-505d-4d70-871f-241dc3d1b0b2) | **JOB AID** for Credit Card / Debit Card (Automatic Payments) |
| [Aetna Compass MED D - SilverScript - Premium Billing Payment IVR (062850)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03062919-e9f9-4882-a270-29020b3d3a7c) | Premium Billing Payment IVR |
| Refer to [Premium Billing Addresses](#_Premium_Billing_Addresses_1) section in this document for address information. | Mail personal check or money order |
| [Aetna Compass MED D - SilverScript - Premium Billing Auto Pay Options and Education (062670)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e53a56e3-24f7-4714-a642-84d9e2609649) | Auto Pay options |
| Premium Billing **Process**  Documents | [Aetna Compass MED D - Premium Billing Employer Group Reimbursements (062865)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c00d082c-2143-4d49-acf8-597169882668) | Employer Group Reimbursements |
| Refer to appropriate section within this document for general processes. | General Processes |
| [Aetna Compass MED D - SilverScript - Premium Billing Payment Plans (062794)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=330475b6-6b30-4c68-a65d-9a61922b6077) | Payment Plans |
| [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4)  **Note:** If a beneficiary requests an invoice be sent in an alternate/accessible format, for example: Large Print, Braille, or Audio, refer to [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4). | Invoices |
| Premium Billing **Systems** Documents | [[Compass MED D - Viewing Correspondence and Requesting Reprints (061763)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c) | **ONEclick** - To view mail correspondence including invoices and Dunning letters |
| Premium Billing **Samples, Forms and Letters** | [Aetna Compass MED D SilverScript - Process for Good Cause Determinations - For Non-payment of Plan Premiums (062864)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=211427e2-88f8-4f0b-9109-eb5516af60b8) | SilverScript Good Cause Letters |
| [Aetna MED D - Identifying SilverScript Premium Billing Letters & Reference IDs (013388)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=be9ee33a-e40c-4665-b8e8-0f39b20872f5) | SilverScript – Letter Reference IDs |
| [Aetna Compass MED D - SilverScript - Premium Billing Social Security Administration (SSA) Collection Letter Job Aid (064887)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=016ececc-e257-4f32-8056-3fe0851f06d6) | SilverScript SSA Collection Letter Sample |
| [Aetna Compass MED D - EGWP & SilverScript - Premium Billing Invoice Requests (062871)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51b2211f-ee09-4969-a12c-fae29671d2f4) | Invoice Samples |
| Premium Billing **Senior** Documents  **Note:** Link only functions if you have Senior access. | [Aetna Med D – SilverScript - Premium Billing Escalation Form Work Instruction - Senior Reps & Supervisors Only (098207)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fa433dcf-220c-419e-a63a-9b0800b5fe8d) | For Senior/Supervisors **ONLY** |

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| Related Documents |

**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)

**Grievance Standard Verbiage:** Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate Grievances work instruction linked to from [Compass MED D - Grievances Index (062962)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3).

**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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