# Aetna Compass MED D SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes

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**Description:** Provides details necessary to access the **Premium Payments** **Single-Sign-On (SSO)** system and process One-Time **E-Check** or automatic **(EFT) Electronic Funds Transfer** payments toward a beneficiary’s monthly premium for **Aetna Med D** **SilverScript** beneficiaries.

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| Important Notes |

 The **Aetna Med D** **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.

 Notify the Beneficiary that **InstaMed**, a JP Morgan Chase company, processes Medicare Part D premium payments **on behalf of SilverScript**.

 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. Do NOT advise the beneficiary to enter an invalid email address to bypass the email address requirement. Offer self-service Premium Payment IVR as an option.

 **Aetna Med D** **SilverScript** 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):

* Adding or Updating **Automatic (EFT) Electronic Funds Transfer** premium payments by phone.
* One-Time E-Check payments **AND** the beneficiary’s **balance is Past Due by 1 or more** month’s premium (and LEP if applicable). **Note:** Does not apply to EGWP members.
* The beneficiary is requesting to make a one-time payment after being disenrolled due to non-payment of premiums and is requesting reinstatement. **Note:** Does not apply to EGWP members.

 Beneficiaries with Payment Plans calling to make a payment do **NOT** require a transfer to the **Premium Billing Specialized Care Team**.

If encountering any issues with connecting to the Premium Billing Specialized Team’s **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.

* **Supervisor Note:** If needed, submit an Escalated secure Email to [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com), including the beneficiary’s/member’s name, member ID, MBI, and a summary of the issue for research.

 All MED D Care CCRs assist with[Processing a One-Time E-Check Premium Payment](#_Processing_a_One-Time) (refer to **Figure 1**), **UNLESS** the **Aetna Med D** **SilverScript** (Non-EGWP) beneficiary’s premium balance **is Past Due by 1 or more** month’s premium (and LEP if applicable) and **no** Payment Plan is open. **Example:** Today is March 3rd and April premiums have billed. An account with February through April premiums due would need to be transferred. An account with only March and April premiums due would **NOT** need to be transferred.

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AI-generated content may be incorrect.

* The payment button titles currently are **One-Time Payment** & **Automatic Payment**.

 It is **not** appropriate to list **full** account and routing numbers in any Alert fields or Edit Comments fields. This includes but is not limited to: Support Task comments/notes, Mail Order Alerts, Electronic notepad (e.g., MS Word doc or Notepad file), & Emails. Full account and routing numbers may **only** be entered in system-specified account and routing number fields. All Alert fields and call recordings are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.

 **Premium Billing Specialized Team ONLY.** All Escalation Calls **must** be escalated to a supervisor. Do **not** transfer to the Senior Team.

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| Accessing the Premium Payments Single-Sign-On (SSO) System from Compass |

Perform the following steps to access the Premium Payments Single-Sign-On (SSO) system:

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| **Step** | **Action** | |
| **1** | From **Member Snapshot Landing Page** in Compass, click the **Medicare D** tab.   * Click the **Premium Billing** tab. (Click the chevron arrow to expand/collapse each section). * Set the **Date Range** and click **Search**: To ensure the **Billing Cycle & Payment Method** sectiondisplays correctly, change the **End Date** field to the end of the next year (**Example: 12/31/2026**).   **Note:** Message will display **only** when there is more data to provide than what is showing per user search criteria. “There are more Billing Cycle & Payment Method' data available, please refine your search criteria”.  For beneficiaries **already** enrolled in an Auto Pay payment method of **EFT** or **RCD** for the **current month**, a red warning message will display, identifying the beneficiary is currently enrolled in automatic monthly payments.  A screenshot of a computer  AI-generated content may be incorrect.  When a beneficiary has a **Stock ID** of **SSA** in the specified date range, the **Automatic Payment** button is no longer accessible.  A screenshot of a computer screen  AI-generated content may be incorrect. | |
| **2** | Determine request type: | |
| **If...** | **Then...** |
| One-Time **E-Check** premium payment | Click the **One-Time Payment** button to access the **Premium Payment Single-Sign-On (SSO)** system.  Refer to the applicable section of this Work Instruction to continue processing the beneficiary’s **E-Check** payment request:   * [Processing a One-Time E-Check Premium Payment](#_Processing_a_One-Time) * [VOID One-Time E-Check Premium Payment](#_VOID/Cancel_a_One-Time) |
| Verify **Automatic (EFT) Electronic Funds Transfer** is **Active** | CCRs should always **Verify** Automatic Payment **SSO** status regardless of Stock ID INV/EFT/RCD. Beneficiaries who added autopay on the IVR, online, or with a previous Rep may want confirmation it was successful or assistance turning it off. In these situations, the Stock ID may not yet reflect autopay.   * Click the **Automatic Payment** button and verify the **status** is “Active” and the **Automatic Payments** radio button is selected. These **both** must be true for automatic payments to draft. * **Close** pop-up screen if no changes are needed, and EFT is active. * Select **Active** Status, select **Automatic Payments** radio button and click **Save** if SSO doesn’t reflect active EFT autopay. |
| Adding or updating **Automatic (EFT) Electronic Funds Transfer** Payments | Click the **Automatic Payment** button to access the **Premium Payment Single-Sign-On (SSO)** system.  Refer to the applicable section of this Work Instruction to continue processing the beneficiary’s **EFT** add or change request:   * [Processing an Automatic EFT Premium Payment](#_Processing_an_Automatic_1) * [Updating Automatic EFT Premium Payment Information](#_Updating_Automatic_Credit) * [Cancelling Automatic EFT Premium Payments](#_Cancelling_Automatic_Credit) * [Reactivating Automatic EFT Premium Payments](#_Reactivating_Automatic_Credit) |
| Beneficiaries requesting an EFT Form | Advise beneficiary of available options, if the beneficiary prefers to only receive the form, refer to [EFT Form Requests](#_EFT_Form_Requests). |
| Beneficiary wishes to make an **E-check payment**, or add/update **EFT** information by **self-service** | * If beneficiary has an email address, refer to the **Aetna Med D** **SilverScript** **Member Portal** powered by **InstaMed.** Aetna Med D SilverScript (Non-EGWP) 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. * Refer beneficiary to the **Premium Payment IVR**; adding EFT is available after making an e-check payment on that system:   + **1-833-287-0075 (SilverScript)**   Updating an existing EFT **cannot** be done on the IVR, refer to [EFT Form Requests](#_EFT_Form_Requests) section of this Work Instruction if the beneficiary declines the Member Portal option.  The **Aetna Med D** **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. |

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| Processing a One-Time E-Check Premium Payment |

If the beneficiary requests to make a **One-Time**premium payment with their checking or savings account, perform the following steps:

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| **Step** | **Action** | | | |
| **1** | From Member Snapshot Landing Pagein Compass, click on the **Medicare D** tab.   * Click the **Premium Billing** tab. * Review the beneficiary’s **Balance Details**.   A screenshot of a payment plan  AI-generated content may be incorrect.  **Note:** If **Compass Medicare D** tab is **not** available, refer to [Downtime Process](#_Downtime_Process). | | | |
| **If the beneficiary’s premium balance is...** | **Then...** | | |
| **Past Due by 1 or more** month’s premium (and LEP if applicable).  **Example:** Today is March 3rd and April premiums have billed. A SilverScript account with February through April premiums due would need to be transferred. | Does **NOT** apply to EGWP, as they are not included in dunning processes.  For **Aetna Med D** **SilverScript** beneficiaries: The MED D CCR **must WARM transfer** the beneficiary to the Premium Billing Specialized Team for further assistance at **1-(866)-824-4055**.  **Note:** If encountering any issues with connecting to the Premium Billing Specialized Team’s **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.  **Premium Billing Specialized CCRs** will:   * Review the beneficiary’s balance. * Check in OneClick to determine if the beneficiary has recently received a Dunning letter as well as review **Case Comments** and **Medicare D Alerts** on the **Medicare D Landing Page**. * If the beneficiary is in the Dunning Process: * Inform the beneficiary of the Dunning amount and Deadline, refer to [Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812) to](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4) ensure the beneficiary is provided valid information and options. * If the beneficiary is **NOT** in the Dunning Process, proceed to [**Step 2**.](#Processing_OTEC_Step2) | | |
| **Only current or future months due** | Proceed to [**Step 2**](#Processing_OTEC_Step2). | | |
| **2** | After the **End Date** in the **Date Range** section is set to one year out, confirm no future Auto Pay is in the **Billing Cycle & Payment Method** section, and click the **One-Time Payment** button from the **Premium Billing** tab in **Compass**.  A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The user is automatically redirected to the **Premium Payments Single-Sign-On (SSO)** system.  A screenshot of a credit card payment  AI-generated content may be incorrect. | | | |
| **3** | Select the **Check** radio button to open the fields for E-Check payment and enter the following mandatory fields - indicated by an asterisk (\*).  **Notes:**   * Routing & Account Number are required but are not indicated by an asterisk (**\***). * **Payment Amount** - Must enter the decimal point.   **Note:** See **FAQ 24** for Payment Calculation Tips.   * **Check Type** - Defaults to **Telephone Payment**. * **Routing Number -** The 9-digit number usually found on the bottom left corner of the check; refer to the “i” guide. * **Account Number** - Can accept Checking or Savings. When speaking with the beneficiary, ask them to **not** include the check number with the account number.   Some Savings accounts do not support or allow online payments. If the beneficiary is unsure if they can process payments online, they would need to follow up with their financial institution to confirm.   * **Check State -** Select the state in the **account holder address** on the check/savings account. * **First Name & Last Name** - Auto populates with the beneficiary’s name but should be changed if caller/payer is not the beneficiary. * **Zip Code** - Auto populates with the beneficiary’s zip code on file. Confirm if this is the zip code on the check/savings account and change if not. * The **Email** **Address** **Field** is **optional** but encouraged for beneficiaries requesting a receipt. (Paper receipt copies are not currently available.) Entering an email address will prepare the Single-Sign-On (SSO) for a transaction receipt to be emailed to the beneficiary for a One-Time payment. The email will be sent from the payment processor (InstaMed) and have an InstaMed header.   A screenshot of a computer screen  AI-generated content may be incorrect.   * **Member ID-Group ID, First** and **Last Name** are automatically populated and cannot be changed in **One-Time Payment** screen. * **Reset** button erases data entered and returns screen to default credit card form. The **Check** radio button will need to be selected again. **All** mandatory fields must be completed. * **Close** button abandons the data entered. This will return user to the **Premium Billing** tab without submitting changes. * For guidance on where to find **Routing** and **Account** numbers, the CCR may click the “**i**” icon.   A screenshot of a computer  AI-generated content may be incorrect.  **Result:** Informational Pop-up screen will appear:  A screenshot of a computer screen  AI-generated content may be incorrect.  If Payment Method box populates with a Credit Card/Debit Card or Bank Information, the beneficiary has payment information on file for automatic payments (RCD or EFT). Close the current payment screen. Review and update the status of the payment method on file for RCD or EFT using the **Automatic Payment** button on the **Med D** tab. Do **NOT** add a new payment method until the payment method on file has been reviewed.   * The status may be made Active or Inactive. * Active will populate the account information on the One-Time payment screen after updating. * Inactive will remove the account information on the One-Time payment screen after updating. * Only select the **Automatic Payment** radio button if the beneficiary wants to use this payment method for Automatic monthly charges.   If the beneficiary is **already** enrolled in automatic Credit Card/Debit Card payments (RCD) or automatic bank draft ACH payments (EFT) (refer to Figure below), but asks to make a One-Time payment, inform the caller that a payment made after the 1st of the month **may not** prevent or alter the EFT/RCD charge for the current month. A manual payment may lead to multiple payments processing. (The EFT/RCD payments are scheduled ahead of the charge date, using data already posted in the billing system.)  EFTs activated between the 1st and 5th of the month may be drafted in the current month if there is a balance on the account at the beginning of the month.  Taking a payment through a banking account on file for EFT of premiums is **not** advised. If the payment returns for any reason, the EFT will be **stopped,** and the billing will return to INV. (This action will not generate a letter to alert the beneficiary of the billing change.)  A screenshot of a computer  AI-generated content may be incorrect. | | | |
| **4** | Verify all information entered is correct, and state the following **required** Authorization request:  You <Name Of Person Authorizing The Transaction> are authorizing a One-Time electronic check payment in the amount of <Insert Amount> from your <Checking or Savings> account ending in <Insert Last 4 Of Acct #>. This amount may be deducted from your account as soon as today <Insert Date> but may take an additional 24-48 hours depending on bank processes. If you have questions regarding this transaction, you can call us 24 hours a day, 7 days a week at 1-866-824-4055. Do you wish to authorize this transaction?   * If caller does **not** agree to the authorization, click **Close** and offer caller another payment option. * After caller agrees to the authorization, click the **Submit** button.   A screenshot of a computer screen  AI-generated content may be incorrect.  **Note:** If the payment amount entered is over a certain amount (determined by Premium Billing), then a pop-up question will display requiring verification of the requested payment amount. Verify the amount shownmatches the amount the beneficiary requested. Clicking **Yes** completes the payment. Clicking **No** returns the user to the above entry screen to enable any changes.  **Result:** A receipt will pop up.  **A screenshot of a computer  AI-generated content may be incorrect.** | | | |
| **5** | Verify the receipt displays **--- Approved ---** and state the following to the caller:  Your E-Check payment has been accepted and will be transmitted for processing. Your confirmation number is <XXXXXX>. This does not mean that the payment has been accepted by your financial institution. If you do not see the payment withdrawn from your account within 3 business days, please call us back at 1-866-824-4055 so that we can research the transaction.  The **Authorization Code** for **One-time E-Check** payments is system generated, not a bank response. However, the code will be tied to the payment in InstaMed and may be used by Premium Billing for payment research. (E-Check payments are not live transactions with the bank or financial institution.) Approved status does not mean the payment is accepted by the bank/financial institution. **One-timeE-Check** premium billing payments made on the **Single-Sign-On (SSO)** system are visible in **Compass** within **3 calendar days**. The funds may draft from the beneficiary’s account as soon as the same day but may take an additional 24-48 hours depending on bank processes. A rejected payment will result in a reversal posting to the account; beneficiary/payer will receive notice from their financial institution for most rejections. **Refer to Step 6 for important information on Returned Item E-Checks**.  **Note:** CCRs **must** leave notes providing a clear picture of what transpired during the call, include the amount, “E-Check”, and the **Authorization Code**.Refer to [Premium Billing Call Documentation Requirements](#documentation).  **Example:** Beneficiary’s son made a One-Time premium payment of $$.$$ by E-Check conf# a1b2c3.  When **receipt** pops up, confirm Email Address in the upper right, and click **Send** to email a receipt.  Notify the Beneficiary that **InstaMed**,a JP Morgan Chase company, processes Medicare Part D premium payments **on behalf of SilverScript**.The payment will appear on their bank statement as **InstaMed – SilverScript**.  Inform the beneficiary, if the email is not in their Inbox, to check their **Spam** or **Junk** email folders as the email is from a **noreply@instamed.com** address and contains images.  **Note:** The email will be generated immediately but may take several minutes to be received depending on server traffic for both InstaMed and the beneficiary’s service provider or email settings. It may also sort to a junk or spam folder due to images contained in the body of the email.  A screenshot of a prescription form  AI-generated content may be incorrect.  **Example Email Receipt (from noreply@instamed.com):**    A screenshot of a phone  AI-generated content may be incorrect.  **Processing Error Notes:**  **Bad Routing Number:** The payment screen may display an error after clicking submit.For this scenario, the routing number provided is not valid. Advise caller the transaction can not be processed with the routing number provided, **and**:   * Request the caller confirm the routing number, and make corrections as needed. Click the **Submit** button. * If the error persists, the member may need to contact the bank for a valid ACH routing number to use with their account. (Beneficiary may also provide a different account/routing number; begin again at [**Step 2**](#Step2) to process with new information.).   A screenshot of a computer  AI-generated content may be incorrect.  You must click **Close.** Failure to close the pop-up windows will keep the SSO token open and could cause your next beneficiary’s autopay request or payment to apply to the previous beneficiary’s account.  If no receipt displays with confirmation number - Inform the beneficiary, you are opening a **research ticket** to confirm the E-Check was successfully captured for processing. Create the following Support Task, and provide the **Task Number** as the **ticket number**:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT SETUP REQUEST * **Task Notes -** Document the following:   + **EFT005**, No receipt available confirming e-check payment. Please confirm with beneficiary if One Time E-Check payment was successfully added.   + Beneficiary’s contact number.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current). | | | |
| **6** | Click the **Close** button at the top right of the Pop-Up Receipt window.  A screen shot of a computer screen  AI-generated content may be incorrect.  **Result:** Clicking the **Close** button will close the **Pop-Up** window and **Payment** screen, returning the user to the **Premium Billing** tab in **Compass**.  You must click **Close**. Failure to **close** the pop-up windows will keep the SSO token open and could cause your next beneficiary’s autopay request or payment to apply to the previous beneficiary’s account.  **Note: One-timeE-Check** premium billing payments made on the **Single-Sign-On (SSO)** system are visible in **Compass** within **3 calendar days**. The funds may draft from the beneficiary’s account as soon as the same day but may take an additional 24-48 hours depending on bank processes.  Payments rejected by the bank will result in a reversal adjustment in **Compass: Medicare D tab > Premium Billing > Payments & Adjustments**.  A screenshot of a computer  AI-generated content may be incorrect.   * The Reversal will post within 3 days of the actual Returned Item from the bank.   **Results:**   1. **InstaMed** will send an automated **email** (from [noreply@instamed.com](mailto:noreply@instamed.com)) on the day InstaMed receives the returned payment to payers who had an email entered during the payment process or autopay setup. **Med D CCRs** may receive calls stating a notice of the return was sent to them and they wanted to be sure everything was alright with their premiums.   **Email Sample 1**  A screenshot of a computer  AI-generated content may be incorrect.  **Email Sample 2**  A screenshot of a medical form  AI-generated content may be incorrect.  **Email Sample 3**  A screenshot of a computer screen  AI-generated content may be incorrect.   * **CCR** should inform the beneficiary that there is a delay from the time the payments process or return before you can see them in systems. * The **email** is a **courtesy** provided by our payment processor, **InstaMed**. * The return **has** occurred, for the reason stated in the email\*, and a reversal will post within 3 days of the return date. * CCR may assist with a new/replacement payment or beneficiary can submit payment at their earliest convenience.   **Note:** A Support Task to inquire about the reason for return is valid for anyone who did **not** receive an email from InstaMed; refer to [payment disputes](#payment) at end of this step.   1. **Premium Billing Med D** will send a **letter** to the beneficiary’s mailing address on file to inform of the returned item. Letters are sent weekly on Fridays for all E-check returns received that week. (Does NOT apply to EGWP.) The letter will be viewable in **OneClick** (SilverScript letters will include the Reference ID EFTECK in upper right corner below the date.) Timing of a returned payment varies by bank and return reason.   Refer to thefollowing Sample E-Check Returned Item Letters:   * [SilverScript Sample E-Check Returned Item Letter (013848)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=375b48e5-ef96-41b3-9696-b9c256c285ba)   **Returned/Rejected E-Check Payment Compass Example:**  A screenshot of a computer screen  AI-generated content may be incorrect.  For payment disputes, regardless of payment visibility in systems, Care should always open a Support Task with details of the dispute. For E-Check tasks:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT SETUP REQUEST * **Task Notes:** Document the following:   + **EFT005**, Include all details provided regarding the E-check payment/problem.   + Beneficiary’s contact number.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current). | | | |
| **7** | Thank you for your payment. Would you be interested in setting up your account to automatically pay your monthly premiums each month? If you would like to do so, we can set up your account to have your monthly premium withheld from your SSA/RRB benefit each month. We also can automatically draft your monthly premium from your bank account, or credit or debit card. Would you like to set up auto pay through any of these options?  If the caller is **NOT** the beneficiary, Ship Counselor, or Legal Representative, the payment method **cannot** be updated without the beneficiary’s permission. Fully authenticated callers **CAN** still make One-Time credit card payments to a beneficiary’s account because this will **NOT** change the account’s premium payment method. | | | |
| **If the beneficiary says…** | | **Then…** | |
| Yes, to SSA/RRB Withholding | | 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) | |
| Yes, to EFT/ACH from Checking/Savings Account | | Refer to [Processing an Automatic EFT Premium Payment](#_Processing_an_Automatic_1) section of this document. | |
| Yes, to Credit Card Autopay | | Refer to the **Processing an Automatic Credit Card Payment** section within [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) | |
| No, I would like to be Direct Billed | | Proceed to [**Step 8**.](#Processing_OTEC_Step8) | |
| **8** | As a reminder, your entire balance is due each month by the invoice due date. Monthly premiums are due on the date listed on the invoice for that month’s premium. If your payment has **NOT** been received and posted to your account by the **invoice due date**, you could receive the initial notice that begins the Dunning disenrollment process. We also offer self-service options for paying your premium. You can also pay online at **AetnaMedicare.com/PayYourPremium** or through our Premium Payment IVR by calling 1-833-287-0075.  **Note:** 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)  Would you like to hear more about these options? | | | |
| **If the beneficiary says…** | | | **Then…** |
| Yes to online payment option (Not available for EGWP.) | | | 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. |
| Yes to Premium Payment IVR option (Not available for EGWP.) | | | You can 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. 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) |
| No | | | Proceed to [**Step 9.**](#Processing_OTEC_Step9) |
| **9** | Ask if there are any other questions. Address any other issues and document / close the call according to existing policies and procedures.  Refer to the following as needed:   * [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) * [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) * [Premium Billing Call Documentation Requirements](#documentation) section | | | |

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| Void One-Time E-Check Premium Payment |

**MED D CARE CCRs & PREMIUM BILLING SPECIALIZED CARE TEAMs** are **NOT** able to void a One-Time E-Check premium payment.

Contact a Senior or a Supervisor to Void a One-Time E-Check premium payment (same day).

* Supervisors/Seniors must immediately submit a Premium Billing Escalation form for resolution before end of day The issue will be reviewed to determine if the payment can be cancelled/not processed.
* Refer to [Aetna Med D – SilverScript - Premium Billing Escalation Form Work Instruction - Senior Reps and Supervisors Only (098207)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fa433dcf-220c-419e-a63a-9b0800b5fe8d)
  + This link will not function if you do not have the correct access.

The CCR should provide the following information when contacting the Senior Team:

* Reason for the call.
* Who is on the line (**Example:** Beneficiary or 3rd Party)?
* If the call has been fully authenticated.

**Notes:**

* When an error is made and the payment has **posted**, the payment is no longer pending and cannot be voided. CCR should submit a Support Task for a **refund**.
  + Refer to the **Credit Balances and Premium Refunds** section within the [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) Work Instruction.
* One-Time E-Check payments will display in the Compass **Premium Billing** tab as **one time ACH**.

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 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.

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| Processing an Automatic EFT Premium Payment |

Determine the following:

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| **For...** | **Then...** |
| **Premium Billing Specialized Team** | Proceed to [**Step 1**.](#Processing_AEFT_Step1) |
| **Internal CVS Caremark CCRs & General CCRs at 3rd party Vendors** supporting **Aetna Med D SilverScript** beneficiaries, not trained for Premium Billing Specialized Processes | **Automatic (EFT) Electronic Funds Transfer Payments** - For **Aetna Med D SilverScript** beneficiaries: The MED D CCR **must WARM Transfer** the beneficiary to the Premium Billing Specialized Teamfor further assistance at **1-866-824-4055**.  **Note:** If encountering any issues with connecting to the Premium Billing Specialized Team’s **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. |

If the beneficiary requests to have their bank account automatically drafted every month for their premium payment, and has their **financial information available**, the **PREMIUM BILLING SPECIALIZED CARE TEAM** should perform the following steps:

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account. Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) | | |
| **2** | Identify the beneficiary’s current premium payment method.  Non-EGWP Beneficiaries will receive a **Confirmation Letter** (**Reference ID APCONF** in upper right corner, below the date) containing the date Autopay will be effective; advise the caller to continue to pay any invoices received.  EGWP Beneficiaries will **not** receive a **Confirmation Letter**; CSR Should encourage an emailed receipt to confirm beneficiary autopay enrollment. Advise the caller to continue to pay any invoices received.  EFTs activated between the 1st and 5th of the month may be drafted in the current month if there is a balance on the account at the beginning of the month. Advise the beneficiary of the current balance on the account, less any future billed amount (e.g., next month’s premium not due until the 1st of next month). | | |
| **If the beneficiary’s current Premium Billing payment option is…** | **Then…** | |
| Direct Bill (INV) | Dialogue I’d be happy to assist with that.  Changing the payment option to automatic banking (EFT) from Direct Bill (INV) can take 1-2 billing cycles to begin drafting, depending on the timing of the request.  **Note:** Adding a bank account for EFT will update billing automatically.  Proceed to[**Step 3**](#Processing_AEFT_Step3)to enroll beneficiary in the EFT payment option. | |
| RCD | I’d be happy to assist with that.  Changing the payment option to automatic banking (EFT) from RCD can take 1-2 billing cycles to begin drafting, depending on the timing of the request.  **Note:** Adding a bank account for EFT will update billing automatically, and **no** Support Task is needed to stop RCD.  Proceed to[**Step 3**.](#Processing_AEFT_Step3) | |
| SSA/RRB | I must first send a request to cancel your present auto-payment method before you can change your payment method to automatic bank drafts. Your banking information can be added when that request is completed. Please call back in 7-10 days to add your routing and bank account numbers.  If the beneficiary currently pays their premium through SSA/RRB Withholdings, the withholdings must be stopped before the beneficiary can change to the automatic EFT payment method. 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)  Skip to[**Step 11**](#Step11)**.** | |
| EFT/ACH | You are already enrolled in monthly automatic EFT payments. Would you like to verify or update your bank account information on file? | |
| **If…** | **Then…** |
| Yes | Proceed to the[Updating Automatic EFT Premium Payment Information](#_Updating_Automatic_Credit) section of this Work Instruction. |
| No | Skip to[**Step 10**](#Step10)**.** |
| **3** | You have an account balance of <$XX.XX>and this entire amount will be charged to your bank account up to $300.  If the balance owed is greater than $300, the PREMIUM BILLING SPECIALIZED CARE TEAM must document in **Compass** that the beneficiary **agreed** to the deduction and **document** the amount agreed upon. Refer to the [Premium Balance Greater than $300](#threehundred) section.   * Set the **Date Range:** To ensure the **Stock ID** field of the **Billing Cycle & Payment Method** section will display correctly, change the End Date field to the end of the next year (**Example: 12/31/2026**). * After the **End Date** in the **Date Range** section is set, click the **Automatic Payment** button from the **Premium Billing** tab in **Compass**.   A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The **PREMIUM BILLING SPECIALIZED CARE TEAM** is automatically redirected to the **Credit Card Single-Sign-On (SSO)** system.  **Notes:**   * **Member ID-Group ID, First** and **Last Name** are automatically populated and are Read-only. * Once selected, the **Automatic Payment** radio buttonwill **remain** selected when toggling between payment types (card or check).   A screenshot of a computer  AI-generated content may be incorrect. | | |
| **4** | Select the **Check** radiobutton.  A computer screen shot of a computer screen  AI-generated content may be incorrect. | | |
| **5** | Enter the following mandatory fields - indicated by an asterisk (**\***):   * **Routing Number** -The 9-digit number usually found on the bottom left corner of the check, refer to the **“i”** guide. * **Account Number** - Can accept Checking or Savings. When speaking with the beneficiary, ask them to **not** include the check number with the account number.   Some Savings accounts do not support or allow online payments. If the beneficiary is unsure if they can process payments online, they would need to follow up with their financial institution to confirm.)   * **Account Type** –Defaults to Checking, use drop-down to select Savings as appropriate. Do **not** select “Business” account type as our system will reject the request. For business bank accounts, please select checking. * **Check State** – Select the state for the address beneficiary has attached to the bank account. * **First Name & Last Name** – Name on check or savings account. * **Zip Code** - Only 5 digits are required but can enter the full 9 digits. Numerical characters only.   A screenshot of a computer screen  AI-generated content may be incorrect.  **Notes:**   * **Member ID-Group ID, First** and **Last Name** are automatically populated and are Read-only. Confirm name in **SSO** matches name of beneficiary’s account being serviced in **Compass**.   **Email Address –** Optional – Prepares the receipt to enable emailing for the beneficiary’s records. Email receipt may be sent using the Send button on the receipt pop-up.   * Beneficiaries who have added an email at the time of adding autopay (EFT) may also receive notices from InstaMed regarding updates for their payment information on file. InstaMed processes the Bank Notice of Change reports for SilverScript; if a **bank** updates a routing or account number belonging to the beneficiary, InstaMed may email the notice of update to the address on file/saved at the time autopay was added.   CCRs are **not** able to update email addresses in InstaMed via the SSO. Refer to [Frequently Asked Questions](#_Frequently_Asked_Questions) section to update email address for InstaMed communications. | | |
| **6** | Click the **Disclaimer** link and read the disclaimer to the beneficiary, referring to the **name** and **bank account** information on the **SSO** screen, then select **Yes** from the “Have you read the disclaimer to the member?” drop down.  A white rectangular sign with red text  AI-generated content may be incorrect.  **Note:** To continue, **Yes** must be selected.  **Disclaimer Example:**  A close-up of a document  AI-generated content may be incorrect. | | |
| **7** | Confirm all information is correct, then click the **Save** button at the bottom of the screen.  **Result:** A pop-up receipt screen will display the beneficiary’s automatic payments are now active.  A close button with black text  AI-generated content may be incorrect. | | |
| **8** | Verify the receipt displays **--- Active ---** and **Type** shows **ECheck – Automatic Payment Agreement**, then provide caller the **Payment Plan ID** located on the pop-up receipt as the [Confirmation Number](#conf) for the Automatic EFT activation.  **Note:** The [Confirmation Number](#conf) provided **must** be documented in the member notes in Compass. Refer to the [Premium Billing Call Documentation Requirements](#documentation) section.  Notify the Beneficiary that **InstaMed, a JP Morgan Chase company,** processes Medicare Part D premium payments **on behalf of SilverScript**.The monthly premium payment will appear on their bank statement as **InstaMed - SilverScript**.  Ensure the [Confirmation Number](#conf) (**Payment Plan ID**) is provided **before** closing the Receipt pop-up window.  **Example:**  A screenshot of a prescription form  AI-generated content may be incorrect.  **Note:** The receipt may display **--- Inactive ---** For this scenario, the prior status of the EFT was not updated (refer to the [Updating Automatic EFT Premium Payment Information](#_Updating_Automatic_Credit) section of this Work Instruction).   * Press the **Close** button, and click the **Automatic Payment** button from the **Premium Billing** tab in **Compass**. Change the status in the drop-down menu to Active and click Save. Receipt should now state Active.   If no receipt displays, inform the beneficiary, you are opening a **research ticket** to confirm the EFT was successfully set up. Create the following Support Task, and provide the **task number** as the **ticket number**:   * Fields containing an asterisk (**\***) are required.   + **Task Type:** Premium Billing Inquiry Medicare D   + **Reason for Dispute:** EFT SETUP REQUEST   + **Task Notes:** Document the following:     - **EFT005**, No receipt available confirming EFT. Please confirm with beneficiary if EFT was successfully added.     - Beneficiary’s contact number   **Note:** Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current.)  **\*Processing TIP\***  **CCR will be able to confirm this process was completed successfully two ways:**  **1.** The Top of the receipt will state **--- Active ---** and **Type** shows **ECheck – Automatic Payment Agreement** as in image above.  **2.** The end of the receipt will be very long and begin with the disclaimer information.  **Example of Successful Activation – End of Receipt (partial view)**  A screenshot of a document  AI-generated content may be incorrect. | | |
| **9** | Click the **Close** button at the top right of the Pop-Up Receipt window.  **Result:** Clicking the **Close** button will close the **Pop-Up** window and **Payment** screen, returning the PREMIUM BILLING SPECIALIZED CARE TEAM to the **Premium Billing** tab in **Compass**.  You must click **Close.** Failure to close the pop-up windows will keep the SSO token open and could cause your next beneficiary’s EFT/RCD request or payment to apply to the previous beneficiary’s account.  A screen shot of a computer screen  AI-generated content may be incorrect. | | |
| **10** | If you want to change the banking information on file or cancel EFT at any time, you can call us back to request the changes.  **SilverScript Individual plans**: Beneficiaries with an email address may also visit **AetnaMedicare.com/PayYourPremium** or their Caremark.com dashboard and access the online **Member Portal** (powered by InstaMed) with secure login to add, change, or update existing EFT information. 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) | | |
| **11** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures. * Refer to the following as needed:   + [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)   + [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   + [Premium Billing Call Documentation Requirements](#documentation) section   If the balance owed is greater than $300, the PREMIUM BILLING SPECIALIZED CARE TEAM must document in **Compass** that the beneficiary **agreed** to the deduction and **document** the amount agreed upon. Refer to the [Premium Balance Greater than $300](#threehundred) section. | | |

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| Updating Automatic EFT Premium Payment Information |

Determine the following:

|  |  |
| --- | --- |
| **For...** | **Then...** |
| **Premium Billing Specialized Team** | Proceed to [**Step 1**.](#Updating_AEFT_Step1) |
| **Internal CVS Caremark CCRs & General CCRs at 3rd party Vendors** supporting **SilverScript** beneficiaries, not trained for Premium Billing Specialized Processes | **Automatic (EFT) Electronic Funds Transfer Payments:** The MED D CCR **must WARM Transfer** the beneficiary to the Premium Billing Specialized Teamfor further assistance at **1-866-824-4055**.  **Note:** If encountering any issues with connecting to the Premium Billing Specialized Team’s **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. |

If the beneficiary’s **banking information** has **changed** for **Premium Payments**, the PREMIUM BILLING SPECIALIZED CARE TEAM can **update account** information, so the beneficiary’s current auto-pay method continues uninterrupted.

* Automatic EFT payments can be reinstated with updated information.
* Standard processing times will still apply. Refer to the [Resolution Time](#_Resolution_Time) section of this document.

**Note:** When the beneficiary’s EFT information is **rejected by the bank**, the beneficiary’s Premium Billing account will revert to Direct Bill and the beneficiary will once again receive invoices. This can be viewed in **Compass** in the **Stock ID** column of the **Billing Cycle & Payment Method** section & a note in **Medicare D Tab – Medicare D Alerts**:

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If the beneficiary requests to **update** the account number and/or the routing number for the bank account automatically charged every month for Premium Payments, the **PREMIUM BILLING SPECIALIZED CARE TEAM** will:

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account. Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) | | |
| **2** | Are you calling to update the bank account information on file for your monthly MED D premiums or the bank account charged for Mail Service prescriptions?  The PREMIUM BILLING SPECIALIZED CARE TEAM **must** clarify which method the beneficiary wants to update.   * Payment information for monthly Premiums and Mail Service are **NOT** the same and are stored in different systems to keep the details separate. * Failure to update the correct payment method could cause the beneficiary’s premium to go unpaid and subject them to disenrollment for nonpayment of premiums. | | |
| **If the beneficiary is calling about…** | **Then…** | |
| **Monthly premiums** | Proceed to[**Step 3**.](#Updating_AEFT_Step3) | |
| **Mail Service prescriptions** | Refer to [Compass - Add, Edit, and Delete Mail Order Payment Methods (Credit Card & eCheck) (056289).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a1a67eb-a7b1-4ae5-bcfe-e986bbe4aa3d) | |
| **3** | Set the **Date Range:** To ensure the **Stock ID** field of the **Billing Cycle & Payment Method** section will display correctly, change the End Date field to the end of the next year (**Example: 12/31/2026**).   * After the **End Date** in the **Date Range** section is set, click the **Automatic Payment** button from the **Premium Billing** tab in **Compass**.   A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The PREMIUM BILLING SPECIALIZED CARE TEAM is automatically redirected to the **Credit Card Single-Sign-On (SSO)** system.  **Notes:**   * If the beneficiary’s EFT was returned, the Current Status will show **Inactive** until the banking information is updated, and status is changed by the PREMIUM BILLING SPECIALIZED CARE TEAM. * **Declined** or **Inactive** status causes the account to be switched to direct bill until the banking information is updated and changed to **Active** status. * Ensure **Automatic Payment** radio button is also selected before saving.   **Declined Example:**  A screenshot of a computer  AI-generated content may be incorrect.  In the Automatic Credit Card payment screen, PREMIUM BILLING SPECIALIZED CARE TEAMs **cannot** use the **Cancel** link option within the **NEXT TRANSACTION** section. Cancelling a scheduled payment is **not** possible without setting the Automatic Payment Status to Inactive and selecting the **Save On File** radio button. The only way to prevent the current month’s EFT charge is to completely deactivate the banking information on file. See the [Cancelling Automatic EFT Premium Payments](#_Cancelling_Automatic_Credit) section of this document.  A screenshot of a computer screen  AI-generated content may be incorrect.  EFT will charge the bank account set to Active on the scheduled date. | | |
| **4** | Clear the banking information by using the **Clear** button and **Enter** the following mandatory fields - indicated by an asterisk (\*).   * **Routing Number** - The 9-digit number usually found on the bottom left corner of the check, refer to the **“i”** guide. * **Account Number** - Can accept Checking or Savings. When speaking with the beneficiary, ask them to **not** include the check number with the account number.   Some Savings accounts do not support or allow online payments. If the beneficiary is unsure if they can process payments online, they would need to follow up with their financial institution to confirm.   * **Account Type** –Defaults to Checking, use drop-down to select Savings as appropriate. Do **not** select “Business” account type as our system will reject the request. For business bank accounts, select **checking**. * **Check State** – Select the state for the address beneficiary has attached to the bank account. * **First Name & Last Name** – Name on check or savings account. * **Zip Code** - Only 5 digits are required but can enter the full 9 digits. Numerical characters only.   A screenshot of a computer  AI-generated content may be incorrect. | | |
| **5** | Ensure the **Set Status To** field is displaying **Active AND Automatic Payment** radio button is selected:  SNAGHTMLb73cb65  A screenshot of a computer  AI-generated content may be incorrect. | | |
| **6** | Click the **Save** button at the bottom of the screen:  A screenshot of a computer  AI-generated content may be incorrect.  **Result:** A pop-up receipt screen will appear.  A screenshot of a prescription form  AI-generated content may be incorrect.  **\*Processing TIP\***  **CCR will be able to confirm this process was completed successfully two ways:**  **1.** The Top of the receipt will state **--- Active ---** and **Type** shows **ECheck – Automatic Payment Agreement** as in image above.  **2.** The end of the receipt will be very long and begin with the disclaimer information.  **Example of Successful Activation – End of Receipt (partial view)**  A screenshot of a document  AI-generated content may be incorrect. | | |
| **If the top of the receipt displays…** | | **Then…** |
| A screen shot of a computer  AI-generated content may be incorrect. | | Notify the Beneficiary that **InstaMed, a JP Morgan Chase company,** processes Medicare Part D premium payments **on behalf of SilverScript**.The monthly premium payment will appear on their bank statement as **InstaMed – SilverScript**.  Proceed to[**Step 7**.](#Processing_AEFT_Step7) |
| A screen shot of a computer  AI-generated content may be incorrect. | | A **Save on File Payment Plan Agreement** is only a saved payment method and will **not** draft the monthly premium.   * If automatic EFT drafts are the beneficiary’s request, return to [**Step 3**](#Step3) and ensure the **Automatic Payments** radio button is selected and **Save** again. Receipt should then reflect as in the top example here. |
| A screen shot of a computer  AI-generated content may be incorrect. | | Verify **Steps 4-6** were completed and that the Status was updated to **Active**.  **Notes:**   * **Declined** status when updating a bank account on autopay is user error (can occur when payment method is being changed from RCD to EFT).   + Check **Set Status To** and verify **Routing** number with caller. * Save on File Payment Plan Agreement is **only** a saved payment method, not automatic payments. |
| A screen shot of a computer screen  AI-generated content may be incorrect. | | Verify **Steps 4-6** were completed including **Set Status To**.  **Notes:**   * **Inactive** status when updating a card on autopay is a user error, not system generated. * Save on File Payment Plan Agreement is **only** a saved payment method, not automatic payments. |
| **7** | Click the **Close** button at the top right of the Pop-Up Receipt window.  A screen shot of a computer screen  AI-generated content may be incorrect.  **Result:** Clicking the **Close** button will close the **Pop-Up** window and **Payment** screen, returning the PREMIUM BILLING SPECIALIZED CARE TEAM to the **Premium Billing** tab in **Compass**.  You must click **Close.** Failure to close the pop-up windows will keep the SSO token open and could cause your next beneficiary’s EFT/RCD request or payment to apply to the previous beneficiary’s account.  **Note:** If receipt for confirming E-check Automatic Payments is emailed, the receipt will reflect an effective date which sometimes cause beneficiaries confusion:   * **Date:** This will be the **original date** that a payment method was added/saved and will **not** update to today’s date.   A screenshot of a prescription form  AI-generated content may be incorrect. | | |
| **8** | If you want to change the banking information on file or cancel EFT at any time, you can call us back to request the changes.  **SilverScript Individual** beneficiaries with an email address may also visit **AetnaMedicare.com/PayYourPremium** or their **Caremark.com** dashboard and access the online **Aetna Med D SilverScript** **Member Portal** (powered by InstaMed) with secure login to add, change, or update existing EFT information. | | |
| **9** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures. * Refer to the following as needed:   + [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)   + [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   + [Premium Billing Call Documentation Requirements](#documentation) section | | |

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| Cancelling Automatic EFT Premium Payments |

Determine the following:

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| --- | --- |
| **For...** | **Then...** |
| **Premium Billing Specialized Team** | Proceed to [**Step 1**.](#Cancelling_AEFT_Step1) |
| **Internal CVS Caremark CCRs & General CCRs at 3rd party Vendors** supporting **Aetna Med D SilverScript** beneficiaries, not trained for Premium Billing Specialized Processes | **Automatic EFT Payments:** The MED D CCR **must WARM Transfer** the beneficiary to the Premium Billing Specialized Teamfor further assistance at **1-866-824-4055**.  **Note:** If encountering any issues with connecting to the Premium Billing Specialized Team’s **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. |

If the beneficiary requests to cancel automatic EFT payments used every month for their premium payment, the **PREMIUM BILLING SPECIALIZED CARE TEAM** will:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account.   * Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) | |
| **2** | Set the **Date Range:** To ensure the **Stock ID** field of the **Billing Cycle & Payment Method** section will display correctly, change the End Date field to the end of the next year (**Example: 12/31/2026**).   * After the **End Date** in the **Date Range** section is set, click the **Automatic Payment** button from the **Premium Billing** tab in **Compass**.   **Result:** The PREMIUM BILLING SPECIALIZED CARE TEAM is automatically redirected to the **Credit Card Single-Sign-On (SSO)** system.  A screenshot of a computer  AI-generated content may be incorrect. | |
| **3** | Caller must verify the banking information, then select **Inactive** from the **Set Status To** drop down menu and select the **Save on File** radio button.  **Note:** Status should only be **Active** or **Inactive**. **Do NOT select Complete**.  A screenshot of a computer  AI-generated content may be incorrect. | |
| **4** | Click the **Save** button.   * A pop-up window will display. * Confirm status at the top of the receipt displays **Inactive.**   **Note:** This action is immediate. Payments will not schedule on a saved payment method without the **Automatic Payment** radio button selected.  A screen shot of a computer screen  AI-generated content may be incorrect. | |
| **5** | Click the **Close** button at the top right of the Pop-Up window.  **Result:** Clicking the **Close** button will close the **Pop-Up** window and **Payment** screen, returning the PREMIUM BILLING SPECIALIZED CARE TEAM to the **Premium Billing** tab in **Compass**.  Important Icon You must click **Close.** Failure to close the pop-up windows will keep the SSO token open and could cause your next beneficiary’s EFT/RCD request or payment to apply to the previous beneficiary’s account.  A screen shot of a computer screen  AI-generated content may be incorrect. | |
| **6** | Your automatic EFT payments have been canceled. Would you be interested in setting up your account to pay your monthly premiums each month using one of the plan’s other automatic payment options? If you would like to do so, we can set up your account to have your monthly premium withheld from your SSA/RRB benefit each month. We also can automatically deduct your monthly premium from your credit or debit card.  Would you like to set up auto pay through any of these options? | |
| **If the beneficiary says…** | **Then…** |
| Yes, to SSA/RRB Withholding | 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)  Proceed to[**Step 7**.](#Cancelling_AEFT_Step7) |
| Yes, to RCD from Credit/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)  Proceed to[**Step 7**.](#Cancelling_AEFT_Step7) |
| No to any automatic payment options | I understand. Your Premium Billing account will return to Direct Billing and you will begin receiving invoices for your MED D monthly premiums. If you wish to re-enroll in EFT, you may call us back or access the Member Portal with secure login beginning at **AetnaMedicare.com/PayYourPremium or from your Caremark.com dashboard**. Monthly premiums are due on the date listed on the invoice for that month’s premium. If your payment has **NOT** been received and posted to your account by the invoice due date, you could receive the initial notice that begins the Dunning disenrollment process.  **Note:** 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) for additional questions about the Dunning process.  Important IconThe **Aetna Med D** **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.  Proceed to [**Step 7**.](#Cancelling_AEFT_Step7) |
| **7** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures. * Refer to the following as needed:   + [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)   + [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   + [Premium Billing Call Documentation Requirements](#documentation) section | |

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| Reactivating Automatic EFT Premium Payments |

Determine the following:

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| --- | --- |
| **For...** | **Then...** |
| **Premium Billing Specialized Team** | Proceed to [**Step 1**.](#Reactivating_AEFT_Step1) |
| **Internal CVS Caremark CCRs & General CCRs at 3rd party Vendors** supporting **Aetna Med D SilverScript** beneficiaries, not trained for Premium Billing Specialized Processes | **Automatic EFT Payments** - The MED D CCR **must WARM Transfer** the beneficiary to the Premium Billing Specialized Teamfor further assistance at **1-866-824-4055**.  **Note:** If encountering any issues with connecting to the Premium Billing Specialized Team’s **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. |

If the beneficiary requests to reactivate an automatic bank account (EFT) payment used every month for their premium payment, the **PREMIUM BILLING SPECIALIZED CARE TEAM** will:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account.   * Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) |
| **2** | Set the **Date Range:** To ensure the **Stock ID** field of the **Billing Cycle & Payment Method** section will display correctly, change the End Date field to the end of the next year (**Example: 12/31/2026**).   * After the **End Date** in the **Date Range** section is set, click the **Automatic Payment** button from the **Premium Billing** tab in **Compass**.   **Result:** The PREMIUM BILLING SPECIALIZED CARE TEAM is automatically redirected to the **Credit Card Single-Sign-On (SSO)** system.  A screenshot of a computer  AI-generated content may be incorrect. |
| **3** | Caller must verify the banking information, then select Active from the Set Status To drop down menu and select the Automatic Payment radio button.   * If requesting a different bank account, refer to the [Updating Automatic EFT Premium Payment Information](#_Updating_Automatic_Credit) section.   **Note:** Status should **only** be set to **Active** or **Inactive**. Do **not** set status to **Complete**.  EFTs activated between the 1st and 5th of the month may be charged in the current month if there is a balance on the account at the beginning of the month.  A screen shot of a computer  AI-generated content may be incorrect. |
| **4** | Click the **Save** button.  **Result:** A pop-up receipt screen will appear.  A screenshot of a computer  AI-generated content may be incorrect. |
| **5** | Confirm status at the top of the receipt displays **Active**.  A screenshot of a prescription form  AI-generated content may be incorrect.  **\*Processing TIP\***  **CCR will be able to confirm this process was completed successfully two ways:**  **1.** The Top of the receipt will state **--- Active ---** and **Type** shows **ECheck – Automatic Payment Agreement** as in image above.  **2.** The end of the receipt will be very long and begin with the disclaimer information.  **Example of Successful Activation – End of Receipt (partial view)**  A screenshot of a document  AI-generated content may be incorrect. |
| **6** | Click the **Close** button at the top right of the **Pop-Up** window.  A screen shot of a computer screen  AI-generated content may be incorrect.  **Result:** Clicking the **Close** button will close the **Pop-Up** window and **Payment** screen, returning the PREMIUM BILLING SPECIALIZED CARE TEAM to the **Premium Billing** tab in **Compass**.  You must click **Close.** Failure to close the pop-up windows will keep the SSO token open and could cause your next beneficiary’s EFT/RCD request or payment to apply to the previous beneficiary’s account.  Notify the Beneficiary that **InstaMed, a JP Morgan Chase company,** processes Medicare Part D premium payments **on behalf of SilverScript**.The monthly premium payment will appear on their bank statement as **InstaMed – SilverScript**. |
| **7** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures. * Refer to the following as needed:   + [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)   + [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   + [Premium Billing Call Documentation Requirements](#documentation) section |

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| EFT Form Requests |

If the beneficiary is requesting to have their monthly premium auto debited from their checking or savings account **every**month, but does **not** wish to share financial information over the **phone** or enroll **online**, the CCR will perform the following steps:

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| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account.   * Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) | | |
| **2** | Identify the beneficiary’s current premium payment method:   * From **Member Snapshot Landing Page** in Compass, click on the **Medicare D** tab. * Click the **Premium Billing** tab. * Set the **Date Range:** To ensure the **Billing Cycle & Payment Method** sectiondisplays correctly, change the End Date field to the end of the next year (**Example: 12/31/2026**). * Click the **Show** hyperlink next to the **Billing Cycle & Payment Method**. * Verify the **Stock ID**.   A screenshot of a computer  AI-generated content may be incorrect. | | |
| **If the beneficiary’s current Premium Billing Payment method is…** | **Then…** | |
| EFT or ACH | You already pay your premiums through automatic deductions from your bank account. | |
| **If caller requests…** | **Then…** |
| To update their bank account information **and** is a **SilverScript Individual** beneficiary | Advise SilverScript beneficiaries of the self-service options in the SilverScript Member Portal via **AetnaMedicare.com/PayYourPremium** or their **Caremark.com** dashboard.   * If the beneficiary does not accept these options, submit the below Support Task to send an EFT form:   + **Task Type:** Premium Billing Inquiry Medicare D   + **Reason For Dispute:** EFT SETUP   + **Task Notes:** Document the following:     - **EFT005,** Beneficiary would like a form mailed to them.     - Beneficiary’s mailing address confirmed.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 Calendar days for receipt of a new form. (Confirm mailing address is current.)   The **Aetna Med D** **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.  Skip to[**Step 4**](#Step4)**.** |
| To **stop** electronic transfers from current bank account before the updated banking information is received | Send the following Support Task:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason For Dispute:** SWITCH INVOICE TO DIRECT BILL * **Task Notes:** Document the following:   + **SDB019**, Indicate that the beneficiary would like the current EFT/ACH withdrawals stopped and will send in an application with new account information if they choose to resume the EFT/ACH auto-pay option.   + Beneficiary’s mailing address confirmed.   **Notes:**   * Confirm the beneficiary understands the EFT/ACH payments will be stopped for the next available billing cycle and EFT/ACH deductions will begin upon receipt of a new EFT form. It may take 1 or more months for your deduction to stop. * Turn Around Time (TAT) for resolution of this Support Task Type is 10 business days to stop current EFT, and 30 Calendar days for receipt of a new form. (Confirm mailing address is current).   Skip to[**Step 9**](#step9)**.** |
| Anything Else | Verify if there is currently an open EFT Request Support Task or one that has been closed within the last 10 days.   * **If yes,**  A request for an EFT form was submitted on <MM-DD-YYYY>, please allow at least 10 days to receive the form. * **If no,** proceed to [**Step 3**.](#Reactivating_AEFT_Step3) | |
| **3** | Advise the beneficiary that they have the following options:  The **Aetna Med D** **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.   * **Aetna Med D SilverScript Individual** Beneficiaries with an email address can sign up for a **Member Portal** account beginning at **AetnaMedicare.com/PayYourPremium** andclicking the **Pay Premium** button in the box for Prescription Drug Plan (PDP) or clicking the **Pay Your Premium** link in their Caremark.com dashboard. This takes users to the Aetna Med D SilverScript Member Portal (powered by InstaMed). From the Member Portal, beneficiaries can create a secure log in to add, change, or stop EFT automatic payments. * Beneficiaries with access to an invoice can sign the EFT request located on the back of the invoice coupon. * The CCR can request an EFT/ACH application for the beneficiary. Confirm the mailing address is current on the Med D tab and submit the following task:   + **Task Type:** Premium Billing Inquiry Medicare D   + **Reason For Dispute:** EFT SETUP REQUEST   + **Task Notes:** Document the following:     - **EFT005**, Beneficiary would like a form mailed to them     - Beneficiary’s mailing address confirmed   **Notes:**   * Fields containing an asterisk (**\***) are required. * Only 1 EFT/ACH application can be requested per beneficiary. If ordering for husband/wife, each form must be requested separately under each account. * Turnaround Time (TAT) for resolution of this Support Task Type is 30 Calendar days for receipt of a new form. (Confirm mailing address is current). | | |
| **4** | Advise the beneficiary that they **must** **return** the completed application (orsigned invoice coupon) with **a voided check or savings account deposit slip** (sending the form with a check payment or a note containing bank information is also acceptable) to the P.O. Box address on the application to authorize this auto-pay method; refer to **Premium Billing Addresses** section in [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082)  **Note:** Beneficiaries currently set up for SSA/RRB premium payments, must request a stop to SSA/RRB prior to initiating EFT deductions; 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)  Once the form to set up automatic payments from your bank account has been received and processed you will receive a confirmation letter in the mail.  **Note:** EFT confirmation letters can be located in **ONEclick**; review the “EFTC” letter type by clicking the link **View Docs**. Refer to [Compass MED D - Viewing Correspondence and Requesting Reprints (061763).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c)  A blue and yellow background with white and yellow text boxes  AI-generated content may be incorrect. | | |
| **5** | The request for premium deduction will be submitted for the next available payment cycle. It may take one or more months for your deduction to begin.  Educate the beneficiary to continue to pay their premium invoice as long as they receive it. | | |
| **6** | **Disclaimer:**  The bank does not process payments on weekends and holidays. As a reminder, please continue to pay your monthly premiums until your auto-pay option is effective. Monthly premiums are due on the date listed on the invoice for that month’s premium. | | |
| **7** | Payments are drafted between the 8th and the 10th of each month. It can take up to 3 days for the payment to reflect in our systems. Your full balance at the time of the draft will be deducted. If the balance is $300.00 or greater, you will be notified prior to the draft.  **Note:** If the beneficiary’s balance owed is greater than $300 at the time of the call, the CCR **must** document in Compass, **Case Comments** notes that the beneficiary agreed to the deduction and document the amount agreed upon. | | |
| **8** | For beneficiaries requesting to switch payment methods (**Example:** SSA to EFT/ACH) the CCR **MUST** document the following in the Compass, **Case Comments** notes: “**The beneficiary is requesting to switch from <Current Payment Method> to EFT/ACH.**” | | |
| **9** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures. * Refer to the following as needed:   + [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)   + [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0)   + [Premium Billing Call Documentation Requirements](#documentation) section | | |

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| Downtime Process |

Refer to the following scenarios as needed:

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| **Scenario** | **Action** |
| The **Medicare D** tab in **Compass** is **NOT** available for a beneficiary requesting to make a payment. | If the beneficiary has an **email address** on file, or can provide one, CCRs may access **AetnaMedicare.com/PayYourPremium** as a **Guest** on the beneficiary’s behalf to process a one-time 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) for step-by-step instructions.  EFT requests **cannot** be entered as **Guest** on the Member Portal. **Beneficiaries** may create a secure login to add, update, or change their EFT premium payment option. Refer to the [EFT Form Requests](#_EFT_Form_Requests) section of this work instruction.  The **Aetna Med D** **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.  **Notes:**   * 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. Do NOT advise the beneficiary to enter an invalid email address to bypass the email address requirement. Offer self-service **Premium Payment IVR** as an option. * For system outage dates and times, refer to [MED D - System Downtime Index (011258).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c9423a17-ee85-4a3a-baee-15b8f59e823b) |
| Users experience any connectivity issues ([browser errors](#browser) or loss of functionality including no receipt pop-up) while assisting a beneficiary with processing a One-Time Credit Card **or** Automatic Credit Card Payment using the **Premium Billing Single-Sign-On (SSO)** system. | I apologize, but I did not get a receipt to provide you a confirmation number. It is likely a browser communication error, so to confirm if the <payment OR automatic payment activation> completed I am opening a research ticket. A plan representative will contact you with the results within 5 business days. (Confirm phone number is current.)  Create the following Support Task:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT Setup Request * **Task Notes:** Document the following:   + **EFT005**, Contact beneficiary to assist with an E-Check payment <Specify One-Time Or Automatic>. <Describe Error Encountered>.   + Beneficiary’s contact number.   Do **NOT** add account and routing numbers in the Support Task or Account Notes/Comments.  **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current.) |

**Browser Error Examples:**

**Example 1**

A screenshot of a computer

AI-generated content may be incorrect.

**Example 1:** If this Alert pops up, the CCR should create a Support Task regarding the downtime issue and advise the beneficiary you are requesting a confirmation of payment due to a system error.

**Example 2**

A screenshot of a message

AI-generated content may be incorrect.

**Example 2:** If this Alert pops up, inform the beneficiary the payment was not successfully captured due to a system communication issue. No transaction will be sent to their account as the system has **voided** it. CCR should still create a Support Task regarding the downtime issue.

**Example 3**

A screenshot of a computer

AI-generated content may be incorrect.

**Example 3:** If a message states that the “Single-Sign-On Token is already in use”, this means a prior payment screen or receipt was not closed. Check browser windows for a receipt or payment screen and close it. This should clear this error.

**Example 4**

A close up of a sign

AI-generated content may be incorrect.

**Example 4**: This error most commonly occurs when the ISP or local computer is experiencing connectivity issues and is resolved quickly. If you continue to experience this error, please reach out to IT for additional troubleshooting. No payment or change will be processed.

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| Single-Sign-On (SSO) System Fields & Rules |

Refer to the following list of **Premium Payment Single-Sign-On (SSO)** **System Fields** (not all inclusive):

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| --- | --- |
| **Single-Sign-On System Fields** | **Details** |
| Automatically Populated Fields:  (**Member ID-Group ID**, **First** and **Last Name**) | **Member ID-Group ID, First** and **Last Name** are automatically populated fields and are Read-only. |
| **Submit** Button  (located on **One Time E-Check Payment** screen in **Single-Sign-On (SSO)** system) | In order to complete a One-Time E-Check payment use the **Submit** button. After clicking **Submit**, a pop-up receipt screen will appear. |
| **Routing and Account Number** Fields | Usersmayclick the **“i”** buttonfor assistance completing these fields. |
| **Check State** and **Zip** Fields | These fields must **match** the **address on the check/ savings account**. State is a drop-down menu, and Zip auto-populates from the beneficiary’s mailing address on file. Zip may be changed by CCR if it does not match payer’s check/ savings account. |
| **Cancel Link** | Users **do NOT use** the **Cancel** link in the Automatic Credit Card payment screen (located in the NEXT TRANSACTION section).  **Notes:**   * If the **Cancel** link is clicked in error, the scheduled payment will reschedule itself if the **Automatic Payment** radio button is still selected and the status is still **Active**. * Cancelling a scheduled payment is not possible without setting the Automatic Payment Status to Inactive and selecting the **Save On File** radio button. This removes EFT as a payment method and returns the beneficiary to invoicing. |
| **Payment Method** | Users **do NOT use** the **“+ New Payment Method**” option on the One-Time Payment screen to change automatic payment source. This is a one-time use feature, and account information will not be stored.  **Notes:**   * If this is populated with payment method information, the beneficiary has a card or banking information on file for EFT/RCD. Close the current payment screen. Check the Automatic Payment screen for the status of the payment method on file for EFT/RCD. The status may be made Active or Inactive.  1. Active will populate the payment information on the one-time payment screen after updating and renew the EFT/RCD of premiums. 2. Inactive will remove the payment information on the one-time payment screen after updating and return beneficiary to INV. 3. Only select the **Automatic Payment** radio button if the beneficiary wants to use this method for Automatic monthly premium charges. |
| **Save Button** (located on **Automatic Payment screen** in **Credit Card Single-Sign-On (SSO) system**) | In order to complete set up of automatic EFT payment use the **Save** button. After clicking Save, a pop-up receipt screen will appear. |
| **Close Button** (located on **pop-up receipt screens**) | You must click **Close.** Failure to **close** the pop-up windows will keep the SSO token open and could cause your next beneficiary’s EFT/RCD request or payment to apply to the previous beneficiary’s account. |
| **Set Status To** Field | Users **do not use** the **Complete** option for this field.  **Notes:**   * Verify and update **Set Status To** field to **Active** when [Updating Automatic EFT Payments](#_Updating_Automatic_Credit) information (must click the [Save](#Save) button afterwards). * Update **Set Status To** field to **Inactive** when [Cancelling Automatic EFT Premium Payments](#_Cancelling_Automatic_Credit). |
| **Automatic Payment** radio button | * If status is being set to **Active**, then select the **Automatic Payment** radio button. * If status is being set to **Inactive**, then select the **Save On File** radio button. |
| **Email Address** Field | The **Email Address** field is **optional**. Entering an email address in the payment screen will prepare the Single-Sign-On (SSO) system for a transaction receipt to be emailed to the beneficiary for a One-Time payment.   * Confirm the Email Address on the receipt and click **Send** to complete the email request. * The email will be sent from the payment processor (InstaMed) and have an Aetna header with “Powered by InstaMed” in the footer. * InstaMed will also send an email notification if the payment is Returned, including the reason for [return](#return).   **Note:** The email will be generated immediately but may take several minutes to be received depending on server traffic for both InstaMed and the beneficiary’s service provider or email settings. It may also sort to a junk folder due to images contained in the body of the email. |

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Refer to the Following **Premium Payment Single-Sign-On (SSO)** **System Rules** (not all inclusive):

|  |  |
| --- | --- |
| **Single-Sign-On Rules** | **Details** |
| One-Time E-Check Payments | The **Authorization Code** for **One-time E-Check** payments is system generated, not a bank response. However, the code will be tied to the payment in InstaMed and may be used by Premium Billing for payment research. Approved status does not mean the payment is accepted by the bank/financial institution. **One-timeE-Check** premium billing payments made on the **Single-Sign-On (SSO)** system are visible in **Compass** within **3 calendar days**.  The funds may draft from the beneficiary’s account as soon as the same day but may take an additional 24-48 hours depending on bank processes.  A rejected payment will result in a reversal posting to the account. The beneficiary will receive notice from their financial institution for most rejections. Payments rejected by the bank will result in a reversal adjustment within 3 days.   * **InstaMed** will send an automated **email** for returned payments if an email was entered at time of payment.   + Email will be sent on the **same date** as the returned E-check. * **Premium Billing Med D** will send a letter to the beneficiary to inform of the returned item, even if they received an email from InstaMed.   + The letter will be viewable in **OneClick** (SilverScript letters will include the Reference ID **EFTECK** in upper right corner below the date). * Timing of a returned payment varies by bank and return reason.   Refer to thefollowing Sample E-Check Returned Item Letters:   * [SilverScript Sample E-Check Returned Item Letter (013848)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=375b48e5-ef96-41b3-9696-b9c256c285ba)   **Returned/Rejected E-Check Payment Compass Example:**  A screenshot of a computer screen  AI-generated content may be incorrect. |
| Automatic EFT Payments | Entire premium charged monthly.   * Remind the beneficiary the entire balance is deducted each month. * On the first automatic charge to the bank account, if the beneficiary owes more than one month of premiums, the system will take ALL that is due and not just one month’s premium. * Refer to the [Premium Balance Greater than $300](#threehundred) section. |
| Confirmation Number (**Authorization Code** for **Approved** receipts) | A receipt will pop up displaying the status of the payment entry.   * The **Authorization Code** for **One-time E-Check** payments is system generated, not a bank response. However, the code will be tied to the payment in InstaMed and may be used by Premium Billing for payment research. * E-Checks are not live transactions with the bank or financial institution. * The **Approved** status on the receipt is **only** confirmation of successfully capturing the payment information. Acceptance or Rejection will occur once the payment is submitted to the financial institution within the next 72 hours. |
| **Declined** E-Check Automatic Payment Receipt | EFT Receipt shows **Declined**.  **Declined** E-Check Automatic payment statuses are a result user error, **not** a live response from the financial institution. This often occurs when payment method is changed from RCD that previously declined to an EFT account. CCR resolution is to open the SSO screen and ensure status is set to **Active**. |
| Premium Billing Call **Documentation** Requirements | CCRs **must** leave notes providing a clear picture of what transpired during the call, include the amount, “E-Check”, and the **Authorization Code** for One-Time E-Check Payments.  **Example 1:** Beneficiary gave permission for wife to make a One-Time premium payment of $$.$$ by E-Check conf# a1b2c3.  **Example 2:** Beneficiary added banking information for EFT of premiums. Conf # 01a23b  The **Authorization Code** cannot be retrieved by Care once the pop-up receipt window is closed. |
| Inactive EFT on Automatic Payment | **Status** shows **Inactive**.   * If the beneficiary’s EFT is returned during a monthly draft or payment taken using banking information on file, the account will show **Inactive** until the account/routing numbers are updated, and the status is updated to **Active** using the Set Status drop-down. * The **Automatic Payment** radio button must also be selected to fully activate EFT again. * **Inactive** status causes the account to be switched to direct bill until the banking information is updated and activated. |
| New Banking Information | The PREMIUM BILLING SPECIALIZED CARE TEAM will update accordingly for changed or new banking information.   * To update the beneficiary’s banking information, clear the information using the **Clear** button and add the new details in the required fields marked with an asterisk. * Ensure the **Set Status** To field is set to **Active** and the **Automatic Payment** radio button is selected prior to clicking on the [**Save**](#Save) button to ensure the updates are saved correctly. |
| Payment Method Change | Currently SSA/RRB or RCD requesting automatic banking payments.   * If the beneficiary currently pays their premium through SSA/RRB Withholdings, the Withholdings must be stopped before the beneficiary can change to the Automatic EFT Payment method. * Changing the payment option to Automatic EFT from RCD can take 1-2 billing cycles to begin charging, depending on timing and account status. Adding a banking information for EFT will update billing automatically, and no task is needed to stop RCD. * Non-EGWP Beneficiaries will receive a confirmation letter (**Reference ID** **APCONF** in upper right corner, below the date) containing the date EFT will be effective; advise the caller to continue to pay any invoices received. * With EFT/ACH and Automatic Credit Card payments, the beneficiary’s entire balance is deducted each month. |
| Premium Balance Greater than $300 | If the balance owed is greater than $300, the PREMIUM BILLING SPECIALIZED CARE TEAM must document in **Compass** that the beneficiary **agreed** to the deduction and **document** the amount agreed upon.  **Example:** Beneficiary added bank account XXXX for EFT; agrees to balance due of $$$.$$ for first charge, Confirmation Number: #XXXXXX. |
| Caller requests **changes** to Premium Payment method | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account.   * Fully authenticated callers **CAN** still make One-Time credit card or E-Check payments to a beneficiary’s account because this will **NOT** change the account’s premium payment method. * If the caller is **NOT** the beneficiary, Ship Counselor, or Legal Representative, the payment method **cannot be updated** without the beneficiary’s permission. * Refer to **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) |

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| Frequently Asked Questions |

Refer to the following Frequently Asked Questions:

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| **#** | **Question** | **Answer** | |
| **1** | How can a **Med D CCR** or **PREMIUM BILLING SPECIALIZED CARE TEAM** void a One-Time E-Check Premium Payment placed in error? | **Med D CCRs & PREMIUM BILLING SPECIALIZED CARE TEAM cannot** void payments. A Senior or Supervisor must be contacted for further assistance.   * Refer to the [Void One-Time E-Check Premium Payment](#_VOID/Cancel_a_One-Time) section in this Work Instruction. | |
| **2** | What is the **Premium Payment Single-Sign-On (SSO)** system? | **Premium Payment Single-Sign-On (SSO)** system is the Premium Billing Payment Portal Website accessed using links within **Compass** on the Med D Premium Billing tab. The links are currently titled “One-Time Payment” & “Automatic Payment.”  Notify the Beneficiary that **InstaMed, a JP Morgan Chase company,** processes Medicare Part D premium payments **on behalf of SilverScript**.The payment will appear on their bank statement as **InstaMed – SilverScript**.  **Note:** The buttons’ titles will be changing to “One-Time Payment” & “Automatic Payment” as the accepted payment methods have expanded. | |
| **3** | Are there any steps necessary in Compass prior to accessing the **Premium Payment Single-Sign-On (SSO)** system? | Change the date range on the **Premium Billing** tab in the **Medicare D** tab to one year out, then select the appropriate **One Time Payment** or **Automatic Payment** button to access the **Premium Payment Single-Sign-On (SSO)** system.   * View the **Stock ID** section of this screen for red auto-pay warnings.   **Note:** If the **Stock ID** section displays **SSA**, the **Automatic Payment** button will **not** be enabled. | |
| **4** | Where do CCRs view recent premium payments made on the account? | Refer to the detailed notes added in the **Case Comments** and **Member’s Recent Cases** in Compass.  For payment disputes regardless of payment visibility in Compass, Care should always open an Support Task with details of the dispute.   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT SETUP REQUEST * **Task Notes:** Document the following:   + **EFT005**, Include all details provided regarding the payment/problem.   + Beneficiary’s contact number.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. * A plan representative will contact the beneficiary with research results. (Confirm phone number is current). | |
| **5** | What can the beneficiary view in the SilverScript Member Portal, powered by InstaMed? | Beneficiaries will be able to view receipt history for their debit/credit card and bank account draft payments (e.g., one-time card, one-time e-check, RCD, EFT, IVR card or eCheck). Access to view and edit their accounts on autopay for EFT or RCD, including update payment account info and stop or start EFT/RCD.  Important IconThe **Aetna Med D** **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. | |
| **6** | Why did my E-Check payment get **returned/reversed**? | Payments rejected by the bank as unpayable will result in a reversal adjustment. **If** the payment receipt was emailed at the time of payment, **InstaMed** will send an automated **email** to inform of the Return including the reason.  **Note:** Premium Billing will have the **same** information as the beneficiary/payer if they receive an email from InstaMed. No Support Task is needed.  **Premium Billing Med D** will send a **letter** to Non-EGWP beneficiaries, regardless of email, to inform of the returned item. The letter will be viewable in **OneClick** (SilverScript letters will include the Reference ID EFTECK in upper right corner below the date). Timing of a returned payment varies by bank and return reason.  Refer to thefollowing Sample E-Check Returned Item Letters:   * [SilverScript Sample E-Check Returned Item Letter (013848)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=375b48e5-ef96-41b3-9696-b9c256c285ba)   **Returned/Rejected E-Check Payment Compass Example:**  A screenshot of a computer screen  AI-generated content may be incorrect.  If a beneficiary requests the specific reason the payment was returned unpayable by the bank, advise that a plan representative will contact the beneficiary with that information once research is complete, then create the following Support Task:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT SETUP REQUEST * **Task Notes:** Document the following:   + **EFT005**, Beneficiary requesting reason for the One Time E-Check/EFT Payment returned unpayable by the bank.   + Beneficiary’s contact number.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. (Confirm phone number is current). | |
| **7** | Will the **Premium Payment Single-Sign-On (SSO)** system time out? | Yes, if users switch to another application or window, after 15 minutes of idle time, the window may time out. | |
| **8** | What happens if the **Premium Payment Single-Sign-On (SSO)** system is not available (downtime)? | These instances should be rare, in the event this occurs verify what information has been communicated about the downtime. If no information has been communicated, users must follow the [Downtime Process](#_Downtime_Process) section of these Work Instructions and alert a Senior or Supervisor. | |
| **9** | What if no receipt pops up with confirmation number after taking a payment? | If no receipt displays - Do **not** attempt another payment - Inform the beneficiary, you are opening a **research ticket** to confirm the payment was successfully captured for processing. Create the following Support Task, and provide the **task number** as the **ticket number**:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** EFT SETUP REQUEST * **Task Notes:** Document the following:   + **EFT005**, No receipt available confirming One Time E-Check Payment. Please confirm with the beneficiary if One Time E-Check payment was successfully captured.   + Beneficiary’s contact number.   **Note:** Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current). | |
| **10** | What is the difference between One-Time Credit Card and E-Check payments? | Credit card payments are live transactions with the card issuer and provide instant Approval or Decline.  E-Check payments are **not** live transactions with the financial institution. The Approval provided with an E-Check submission confirms the information has been successfully captured to be sent to the financial institution for processing within the next 72 hours. | |
| **11** | How do I verify EFT is Active for a beneficiary? | CCRs should always **Verify** Automatic Payment **SSO** status regardless of stock ID INV/EFT/RCD. Beneficiaries who added autopay on the IVR, online, or with a previous Rep may want confirmation it was successful or assistance turning it off. In these situations, the stock ID may not yet reflect autopay.   * Click the **Automatic Payment** button and verify the **status** is “Active” **and** the **Automatic Payments** radio button is selected.   + These **both** must be true. * **Close** pop-up screen if no changes are needed, and EFT is active. * Select **Active** Status, select **Automatic Payments** radio button and click **Save** if SSO doesn’t match stock. | |
| **12** | How do I know what day my Bank Account will automatically (EFT) draft this month? | The Bank Account set up for auto payments will draft between the **8th & 10th** of each month for the balance due on the account as of that month’s billing.  **Note:** Payments can take up to 3 calendar days to be visible in **Compass**. | |
| **13** | I want to be sure my premium is paid. Can I pay now, even though I have automatic payments (RCD or EFT) set up? | If the beneficiary is enrolling/enrolled in automatic payments (RCD or EFT), but asks to make a One-Time payment, inform the caller that a payment made after the 1st of the month **may not** prevent or alter the automatic payment for the current month. A manual payment may lead to multiple payments processing. (The payments are scheduled ahead of the draft date, using data already posted in the billing system.)  EFTs activated between the 1st and 5th of the month may be charged in the current month if there is a balance on the account at the beginning of the month. | |
| **14** | Where do users update changed banking information? | When a beneficiary calls to update bank payment information, the PREMIUM BILLING SPECIALIZED CARE TEAM must clarify first whether the beneficiary wants to update Premium Billing payment information or Mail Service payment information.  For Premium Payments, the banking information is updated in the Credit Card Single-Sign-On (SSO) system. Refer to the [Updating Automatic EFT Premium Payment Information](#_Updating_Automatic_Credit) section in this Work Instruction.   * For Mail Service Payments, the banking information is updated in Compass. Refer to the [Compass - Add, Edit, and Delete Mail Order Payment Methods (Credit Card & eCheck) (056289)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a1a67eb-a7b1-4ae5-bcfe-e986bbe4aa3d) Work Instruction. | |
| **15** | How can the beneficiary update/remove their email address on file for InstaMed payments or EFT? | **CCR Process Note:** Currently, there is no option for the beneficiary to update/change an email address online. The beneficiary must contact **Med D Customer Service**. The CCR will create a **Support Task** requesting the member’s portal email address be updated:  **Note:** Fields containing an asterisk (**\***) are required.   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** Credit Card Payment**\*** * **Task Notes:** Document the following:   + **CCP003**, Member has new email address for Member Portal Payment Receipts. New email is: <[xyz@abc.com](mailto:xyz@abc.com)>   + Beneficiary’s contact number.   **Notes:**   * CCR will use this same Task Type to request a beneficiary’s email be **removed** from their Member Portal record. * Removing or changing an email address on a beneficiary’s profile or saved payment method will not remove any beneficiary portal login created with that email. InstaMed Support may be able to assist beneficiaries with instruction on correcting any logins created with a bad email address. See FAQ #24. * Reason for Dispute option “Credit Card Payment” is valid to direct both One-Time credit card and E-Check Tasks for proper handling. | |
| **16** | What if the user unintentionally cancels the beneficiary’s scheduled automatic bank draft payment for the month? | See [Cancel Link](#cancel). | |
| **17** | What if the beneficiary has a Payment Plan? | RCD and EFT are **not** available payment methods for Payment Plans. These will charge the full balance due on the account.   * If the Payment Plan is open/not termed, process a one-time payment as above in [Processing a One-Time E-Check Payment](#_Processing_a_One-Time). Transfer to the Specialized Team is **not** required for one-time payments. | |
| **18** | Is it mandatory to provide the **Authorization Code** or **Payment Plan ID** located on the Payment Receipt? | See [Confirmation Number](#conf). | |
| **19** | When will my EFT be effective/begin? | Non-EGWP Beneficiaries will receive a **Confirmation Letter** (**Reference ID APCONF** in upper right corner, below the date) containing the date EFT will be effective; advise the caller to continue to pay any invoices received.  EFTs activated between the 1st and 5th of the month may be charged in the current month if there is a balance on the account at the beginning of the month. | |
| **20** | Why didn't my EFT/ACH payment draft from my bank account? | Address the appropriate scenario:   * If the beneficiary is calling on or before 10th of the month:   Payments are drafted between the 8th and the 10th of each month.   * If the beneficiary is calling after the 10th of the month:   + CCR must research in **Payment & Adjustments** in the Medicare D tab to see if the beneficiary had made a One-Time payment which covered the premium month in which the draft was supposed to occur. * If there was a One-Time payment noted/shown in **Payment & Adjustments**:   Your One-Time payment made <MM-DD-YYYY>, was applied to your balance. EFT will not draft if there is no balance due prior to the draft scheduling.   * If the reason for EFT not drafting cannot be determined, submit the following Support task for research:   + **Task Type:** Premium Billing Inquiry Medicare D   + **Reason For Dispute:** EFT SETUP REQUEST   + **Task Notes:** Document the following:     - **EFT005**, EFT RESEARCH - The beneficiary is requesting to know why their EFT did not draft for <MM/YY>.     - Beneficiary’s contact number.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. * A plan representative will contact the beneficiary with research results. (Confirm phone number is current). | |
| **21** | Which bank account do you have on file for my EFT draft? | I can provide you the routing number on file and the last 4 digits of the account number. Full account numbers are not retained in any visible fields to Care, Premium Billing, nor InstaMed.  CCR may click the **Automatic Payment** button to review and provide the routing number and last four of the account on file. | |
| **22** | Can an E-check payment (one-time or autopay) be refunded back to the bank account used? | 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.  Refer to the **Credit Balances and Premium Refunds** section within [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) | |
| **23** | If a caller transfers in from the Premium Payment IVR, what do CCRs need to be aware of? | The Premium Payment IVR accepts both card and bank account payments, and (for accounts not currently on EFT/RCD) will offer EFT/RCD to beneficiaries after a payment.   * The IVR will provide the current balance on the account and offer to process that amount. If the beneficiary wants to pay a different amount, they can say “no” to the balance amount and the IVR will prompt to enter the desired amount. The IVR will accept any amount from $0.01 - $999.99.   + If a caller attempts a payment above $1,000 the IVR will transfer the call to Care. This is for quality assurance to be sure the payment amount being requested should be taken for the beneficiary’s account. CCRs **can** process the payment for the caller with their verbal request, as the IVR did not. * A caller may press zero at any time on the IVR to be transferred to Care. CCRs should **confirm** if the caller entered payment information and received an approval or decline message before selecting zero. * If the caller did **not** process a payment: CCR may assist with premium payment processing. * If the caller **did** process a payment but needs confirmation, CCR should open a Support Task requesting confirmation information for the caller:   + **Task Type:** Premium Billing Inquiry Medicare D   + **Reason for Dispute:** Credit Card Payment   + **Task Notes:** Document the following:     - **CCP003**, Please confirm with beneficiary if IVR premium payment was successfully processed.     - **Beneficiary’s contact number.**   **Note:** Fields containing an asterisk (**\***) are required.  **Existing EFT** beneficiaries requesting to update banking details **cannot** use the IVR for this process. CCRs must process the request using the SSO or refer beneficiaries to create a secure login for the Aetna SilverScript Member Portal. 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) to assist with navigation.  **Notes:**   * 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. Do NOT advise the beneficiary to enter an invalid email address to bypass the email address requirement. * An EFT form can also be used to update existing EFT account information, refer to the [EFT Form Requests](#_EFT_Form_Requests) section. | |
| **24** | How do I calculate Premium Payment for **more than one month**? | Beneficiaries may pay premiums monthly, quarterly, or annually; some may have other intervals in mind. CCR can assist in calculating this amount as follows: | |
| **Amount** | **Formula** |
| **Annual** premium payment | 12 x (monthly premium + LEP [if applicable]) |
| **Quarterly** premium payment | 3 x (monthly premium + LEP [if applicable]) |
| **Other** | Number of months x (monthly premium + LEP [if applicable]) |
| **25** | How can a beneficiary remove the SilverScript Member Portal login account they created? | InstaMed Support may be able to assist beneficiaries with instruction on correcting any logins created with a bad email address.   * For any **Technical Questions**, contact InstaMed Customer Service via telephone at 1-866-467-8263 or email at [support@instamed.com](mailto:support@instamed.com). | |
| **26** | Does a beneficiary receive an email when a recurring payment is taken each month? | There is not an email generated each month for recurring automatic payments. The only time an email is sent will be by member request to CCR. CCR will create the below Support task for a receipt copy:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** Credit Card Payment * **Task Notes:** Document the following:   + **CCP003**, Confirming RCD charge this month. Please email receipt.   + Beneficiary’s email address.   **Notes:**   * Fields containing an asterisk (**\***) are required. * Offer beneficiaries self-service option of creating a secure login to the **Aetna Med D** **SilverScript Member Portal.** They will be able to view EFT autopayment receipts in their portal dashboard. | |
| **27** | Can I request a payment receipt be emailed to me? | Create the following Support Task, and provide the **task number** as the **ticket number**:   * **Task Type:** Premium Billing Inquiry Medicare D * **Reason for Dispute:** Credit Card Payment**\*** * **Task Notes:** Document the following:   + **CCP003**, Member would like a receipt for payment of <$XX.XX> received on <MM/DD/YYYY> to be emailed to them at <enter email address>   + Beneficiary’s contact number   **Note:** Fields containing an asterisk (**\***) are required. | |
| **28** | I received a call or Voicemail stating that someone from SilverScript called me. Why did I receive a call? | There are times when someone from the Premium Billing department may call a beneficiary to discuss their premium account and to notify the beneficiary of important information. The Premium Billing department is not an inbound call center so the phone numbers used by the Premium Billing department will not be listed in any Work Instructions.  I would be happy to assist. Please allow me to review the notes on your account.  The CCR **MUST** review the **Member/Client Alerts** that display when pulling up a member’s account and the **Case Comments** on the member’s account. After reviewing the notes on the account, the CCR MUST inform the member of the information on the account.  A screenshot of a email  AI-generated content may be incorrect. | |
| **29** | Can a beneficiary use the Member Portal for payments and logins using a fake email address? | Fake email addresses should never be used in the Member Portal due to receipts and other communications for the beneficiary would possibly be sent to a non-member. This puts the beneficiary’s PHI at risk. | |

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| Resolution Time |

The beneficiary can use a checking or savings account for a One-Time E-Check Payment **OR** have banking information on file for Automatic (EFT) Payments on a monthly basis.

* Premium Billing E-Check/EFT Payments will be visible in **Compass** within 3 calendar days.
* For payment disputes regardless of payment visibility in systems, Care should always open a Support Task with details of the dispute.
  + **Task Type:** Premium Billing Inquiry Medicare D
  + **Reason for Dispute:** EFT SETUP REQUEST
  + **Task Notes:** Document the following:
    - **EFT005**, Provide details of the beneficiary’s concern(s).
    - Beneficiary’s contact number.

**Notes:**

* Fields containing an asterisk (**\***) are required.
* Turn Around Time (TAT) for resolution of this Support Task Type is 30 business days. A plan representative will contact the beneficiary with research results. (Confirm phone number is current.)
* Payments rejected by the bank will result in a reversal adjustment and a letter will be sent to the beneficiary to inform of the returned item.
  + The letter will be viewable in **OneClick** (SilverScript letters will include the Reference ID EFTECK in upper right corner below the date).
  + Timing of a returned payment varies by bank and return reason.
* Automatic EFT payments can take 1-2 billing cycles to take effect. Non-EGWP Beneficiaries will receive a **Confirmation Letter** (**Reference ID APCONF** in upper right corner, below the date) containing the date EFT will be effective; advise the caller to continue to pay any invoices received.

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| Related Documents |

[Compass Aetna MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082)

**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)

**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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