# Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index

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

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| Reminders |

Refer to the following:

* When assisting a beneficiary with Premium Billing questions, review all prior Member’s Recent Cases notes, Medicare D Alerts, Member’s Recent Support Task, and necessary account information to ensure that the beneficiary is provided complete and accurate information.
* To maintain MED D coverage, beneficiaries are required to pay a monthly premium. Premiums will vary depending on:
  + Region of residence.
  + PDP and/or MAPD in which the beneficiary is enrolled.
  + Beneficiary’s financial status (LIS Level/Dual Eligible).
  + Late Enrollment Penalty (LEP)
* Low Income Subsidy (LIS) eligible beneficiaries may or may not pay a premium. This will depend on whether they are in a region either above or below the benchmark. The Social Security Administration will determine eligibility for LIS at level 1, 2, or 3.
* Self-service is available on the **Premium Payment IVR**; adding EFT/RCD is available after making a payment on the IVR:
  + **866-535-8407 (NEJE CT)**
  + **866-535-8621 (NEJE MA)**
  + **866-535-6344 (NEJE RI)**
  + **866-535-8369 (NEJE VT)**

 Updating an existing EFT/RCD cannot be done on the IVR. Advise the beneficiary you will transfer them to another representative who can take their payment information. Number will depend on state:

MA: 888-543-4917

CT: 888-620-1747

RI: 888-620-1748

VT: 888-620-1746

**Note:** These are internal phone numbers; DO NOT provide to beneficiary.

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

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| Identify Caller & Review Premium Balance |

Before addressing any Premium Billing questions/processes, the CCR **must** identify the caller & when applicable, review the beneficiary’s Premium Billing Balance (if any):

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| **Step** | **Action** | |
| **1** | Locate the **Carrier Code** hyperlink in the **Client and Processing Information** panel on the Member Snapshot and Claims Landing Pages.   * If **X8582, X8586, X8590, X8591, or X8594**, then **refer to the Group Administrator**.   **Exception:** Group Beneficiaries from City of Warwick (RI), Town of Middleton (RI), City of Providence Schools (RI), City of Providence Retirement System (RI), and Town of Bristol (RI), proceed to **Step 2**.   * For all other carrier codes, proceed to **Step 2**. | |
| **2** | Access the **Premium Billing** tab in Compass.   * Click the **Medicare D Landing Page**. * Click the **Premium Billing** tab. | |
| **3** | Set the **Date Range:** To ensure the **Stock ID** section of the Premium Billing screen will display correctly, change the **End Date** field to the end of the next year. **Example:** 12/31/2025. | |
| **4** | Verify if a Premium Billing Balance exists.   * View the **Net Amount Due** field in the **Balance Details** box. | |
| **5** | Review billing charges applied to the account and payments received from third parties and the beneficiary within the **Billing History** and **Billing Cycle & Payment Method** sections.   * Verify the **Stock ID**. | |
| **6** | Determine the beneficiary’s payment option: | |
| **If the Stock ID is…** | **Then…** |
| INV | Dialogue Your current premium balance is <$XX.XX>. As a reminder, your entire balance is due each month by the invoice due date. If your payment has **NOT** been received by the due date on the invoice, you could receive the initial notice that begins the Dunning disenrollment process.  **Notes:**   * To view the specific due date, access the invoice in **ONEclick™**. * For additional Dunning questions, refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (066267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b). |
| EFT or RCD | DialogueYour current premium balance is <$XX.XX> and will be charged to your credit card or debited from your bank account between the 8th & 10th of each month.  If the balance is <$300> or less, the entire balance will be paid from the payment method on file. If it is more than <$300>, the plan must acquire and document the beneficiary’s permission to withdraw the entire balance from the beneficiary’s account or credit card.  **Note:** For additional EFT or RCD questions, refer to:   * [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032) * [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789) |
| SSA or RRB | Dialogue Your current premium balance is <$XX.XX>. This amount will be withheld from your monthly <Social Security/Railroad Board> benefit. As a reminder, any balances due prior to the start of your <Social Security/Railroad Board> Withholding must still be paid separately from this payment method.  **Note:** For additional SSA/RRB questions, refer to [Compass MED D - Blue MedicareRx (NEJE) - SSA/RRB Premium Withholding (066486)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4dcbc11e-22f0-42b9-b743-5a8e46d54842). |

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| Authorized Persons who can make changes to the Premium Billing Account |

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

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

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

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| Enrollment, LEP, IRMAA, SPAP & LIS |

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

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

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

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| **Dispute Reason** | **Refer to…** |
| **Late Enrollment Penalty (LEP)** | [Compass MED D - Blue MedicareRx (NEJE) - Late Enrollment Penalty (LEP) Attestation and Appeals (066454)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a81f6162-c017-41dc-8094-4efd4eb7a130). |
| **IRMAA** | [Compass MED D - Income Related Monthly Adjustment Amount (D-IRMAA) (062997)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee25e0cb-4f37-4931-afac-d91dd701e4ea). |
| **Low Income Subsidy (LIS)** | **CIF's Need to Know** section and [Compass MED D - Low Income Subsidy (LIS) Informational Overview (062987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e). |
| **SPAP** | **CIF** for SPAP information. |

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| Death of a Beneficiary |

In the event of a beneficiary’s death, any premium balance is due including a premium for the month in which the beneficiary died.

**Example:** If a beneficiary dies in September and his/her account has already been billed for October, the October premium is not due.

**Reminders:**

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

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

* Death Certificate.
* Will or Last Testament.
* Estate Documents – court issued.
* Probate Documents – court issued.
* Other documentation evidencing the basis for the request.

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

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

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| **Step** | **Action** | |
| **1** | Confirm the caller is requesting to have the refund sent in the beneficiary’s name to the address on file **OR** that proper legal documentation authorizing the caller to act on behalf of the beneficiary's estate has been received.  **Notes:**   * To verify proper [legal documentation](#legal) has been received,review the **Medicare D Alerts** panel on the Medicare D Landing Page. * Power of Attorney documents (POA), AOR forms, and Plan Member Authorization documents **expire** at the time of death of the beneficiary and **do not** apply to the estate. * If an estate is requesting a premium refund, if proper documentation is on the account, include detailed Task Notes when submitting the Support Task in Step 2. * If the caller states received unclaimed property (**Example:** premium refund) notice, refer to [Compass - UnClaimed Property/Checks Not Cashed (062887)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=589a4793-e6c7-472a-a95d-1e7dd43e0f3b). | |
| **If...** | **Then...** |
| Yes | Proceed to **Step 2.**  If the caller requests the refund be sent to an address other than what is on file for the beneficiary, the caller **MUST** submit [legal documentation](#legal) that authorizes them to act on behalf of the beneficiary’s estate. |
| No | Advise the caller, for refunds to be sent to a name and/or an address other than what is on file for the beneficiary, the caller **MUST:**   * Mail or fax in [legal documentation](#legal) that authorizes the requestor to act on behalf of the beneficiary’s estate. * Include the requestor’s contact information in case a callback is needed for more information after the documents are received and reviewed.   **Blue MedicareRx Mailing Address:**  Blue MedicareRx  PO Box 30001  Pittsburgh, PA 15222-0330  **Blue MedicareRx Fax Number:** 1-866-342-7048 |
| **2** | Dialogue I will be happy to send a refund request for you that will be researched by the appropriate department. If a refund is due, the refund check should be received **within 21 business days**.  Submit the following Support Task:    **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary is deceased, refund is requested. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * If refund is being requested in another name or address, and proper [legal documentation](#legal) was verified to have been received, **also** notate the requested name and address & caller’s contact number.   **Complete all required and applicable fields.**  **Notes:**   * Plan records will be fully updated once data is reconciled with Social Security records. * If the beneficiary paid his/her premium through SSA/RRB deductions, the refund will be issued by either Blue MedicareRx or the SSA depending on whether the beneficiary or SSA deductions caused the overpayment. Refunds from the SSA may take up to 1 or more months to receive. | |

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| Premium Statement Requests |

Premium statement requests are provided at the beneficiary’s request. Statements provide Premium Billing account details and provides an itemized list of charges applied and payments received going back to the first month of the prior year of the Premium Billing account, including how the payment was received (Check/Money Order, SSA, RCD, EFT/ACH).

Premium Statements are used for:

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

**Notes:**

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

When a beneficiary requests a Premium account statement:

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| **Step** | **Action** |
| **1** | Determine why the beneficiary is requesting a Premium account statement:   * **For record purposes:** Taxes, housing, breakdown of balance, proceed to **Step 2**. * **To dispute** some part of the premium billing account: Balance, check, Late Enrollment Penalty (LEP), LIS amount, refer to the [Premium Billing Disputes (non-Dunning)](#_Premium_Billing_Disputes) section. |
| **2** | Send the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Amount Disputed:** “0000”  **Reason For Dispute:** Statement/Invoice Request  **Task Notes:** Document the following:   * Beneficiary requests statement for <**list reason(s), detail exactly** what the beneficiary is disputing>.   **Complete all required and applicable fields.**  **Reminder:** ONLY a Statement of Premiums can be generated, refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662) for medication statements.  If the beneficiary requests for this to be faxed instead of mailed to them, contact a Senior/Supervisor.  **Senior Team/Supervisors/Client Support ONLY:** Escalated requests for Premium Billing Statements may have the option to be faxed to the beneficiary. Send the premium billing escalated document inquiry to this inbox: [PBMMedDBilling@CVSHealth.com](mailto:PBMMedDBilling@CVSHealth.com). |

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| Premium Billing Disputes (non-Dunning) |

 If the beneficiary is calling to dispute the balance on a Dunning letter that was recently received, refer to [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (066267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b).

When a beneficiary has a dispute regarding their Premium Billing balance (non-Dunning):

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| **Step** | **Action** | | | |
| **1** | Determine if the caller is authorized to file a dispute regarding the beneficiary’s premium billing account; refer to the [Authorized Persons who can make changes to the Premium Billing Account](#_Authorized_Persons_who) section.   * If the **beneficiary or POA**, proceed to **Step 2**. * If **NOT** the beneficiary or POA, Dialogue Requests to file disputes on the beneficiary’s premium billing payment account can only be made by the beneficiary or Power of Attorney. The beneficiary may contact us at any time about how to submit the request. I apologize for the inconvenience. | | | |
| **2** | Dialogue Are you disputing enrollment in the plan and the balance associated with it **or** just the balance due?  **Note:** Use the following examples to determine if the dispute involves an enrollment issue or is only about the balance due.  **Enrollment Issues**:   * The beneficiary says they did not enroll in this plan and therefore do not owe the balance due. * The beneficiary disputes their coverage effective date. * The beneficiary disputes LEP charges.   **Balance Issues (unrelated to enrollment)**:   * The beneficiary says they made multiple payments although they are not reflected in Compass. * The beneficiary has 100% LIS and disputes owing a premium (However, the beneficiary is enrolled in the Value Plus plan). * The beneficiary states their payments were not posted to the account correctly and disputes the balance. | | | |
| **If the caller is disputing…** | | **Then…** | |
| Enrollment and balance | | Dialogue I am sending a request to further research this payment. The Enrollment Department will contact you within 14 business days regarding this issue.  **Note:** Advise the beneficiary about disenrollment. If beneficiary requests disenrollment, educate on the options to disenroll and offer to send the disenrollment form; refer to [Compass MED D - Blue MedicareRx (NEJE) Voluntary Disenrollment (066489)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88243c36-3de2-40d1-8069-a8f149c9d260).  Submit the following Support Task(Refer to [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks) (065233)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a):  **Task Type:** Enrollment – Enrollment/Eligibility Discrepancy  **Task Notes:** Document the following:   * Detailed information as to why the beneficiary is disputing the enrollment and related balance due. * Beneficiary’s address, contact number, requests follow-up contact.   **Complete all required and applicable fields.** | |
| Balance **ONLY** | | Dialogue Did you send a check payment within the last **21 business days** that should have reduced or paid off the outstanding balance? | |
| **If…** | **Then…** |
| Yes | Proceed to **Step 3**. |
| No  **OR**  A payment was sent more than 21 business days ago | Ask the beneficiary to explain (enhance with additional specifics) what part of the balance is being disputed and why.  Dialogue I am sending a request to further research this matter. A detailed statement of your Premium Billing activity will be sent to you.  Send the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Statement/Invoice Request  **Task Notes:** Document the following:   * + Beneficiary is requesting a statement, concern with having to pay the premium for outstanding balance due to <list reason – **detail exactly** what the beneficiary is disputing>.   + Beneficiary’s contact number   **Complete all applicable and required fields:**  **Amount Disputed** **-** Required  **Reason for Dispute -** Required  **Payment Not Applied**? - If Yes, complete check detail fields below:  **Check Number -** Required  **Check Amount -** Required  **Check Date** **-** Required  **Date Check Cleared Bank** **-** Required  **Example:** If the beneficiary claims to have made a payment that was not applied, the CCR must include details such as:   * Check number. * Amount of payment. * Check Date. * Date the check was mailed - include in **Notes** field. * Whether the check has cleared the beneficiary’s bank account. |
| **3** | Dialogue Has the check cleared your bank account? | | | |
| **If…** | **Then…** | | |
| Yes | Dialogue I understand. I am sending a request to further research this matter. A detailed statement of your Premium Billing activity will be sent to you.  Send the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Check Payment Research  **Task Notes:** Document the following:   * Beneficiary made a check payment that is not posted to their account. * Beneficiary’s contact number.   **Complete all required and applicable fields:**  **Amount Disputed -** Required  **Reason for Dispute -** Required  **Payment Not Applied**? - If Yes, complete check detail fields below:  **Check Number -** Required  **Check Amount -** Required  **Check Date** **-** Required  **Date Check Cleared Bank** **-** Required  **Example:** If the beneficiary claims to have made a payment, the CCR must include details such as:   * Check number * Amount of payment * Check Date * Date the check was mailed - include in **Notes** field * The date the check cleared the beneficiary’s bank account | | |
| No | Dialogue If the check has not cleared your bank account, the payment may still be processing. Please allow time for the check to process. If your check has not cleared **21 business days** after you mailed your payment, please call MED D Customer Care and we can research the matter further at that time. | | |

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| Credit Balances and Premium Refunds |

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

Click link to quickly access these topics:

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

**Escalated Refund Process**

Perform the following steps:

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

**Credit Balance Invoice or Refund Requests Process**

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

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| **Step** | **Action** | |
| **1** | Verify the credit Premium Billing balance on the **Premium Billing** tab in the **Medicare D Landing Page**; refer to the [Identify Caller & Review Premium Balance](#_Identify_Caller_&) section in this work instruction.  Until the Premium Billing team has access to and ability to close Support Tasks in Compass, you must review PeopleSafe RM Task activity and any documentation that may have been left to avoid duplication of effort.   * Refer to the “Viewing PeopleSafe Activity (RM Task Information within Compass)” section of [Compass - Viewing Member's Recent Cases and Viewing PeopleSafe Activity (RM Task Information) in Compass (056036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ab5a6f09-8f08-424b-bff7-b1aa5cfc4d6a) as needed.   **Reminder:** In order for a premium billing refund to be considered as an overpayment, one of the following **must** appear:   * **Net Amount Due:** Amount will appear in parentheses ($xx.xx).   **OR**   * **Credit Balance:** A value will be listed. | |
| **If the beneficiary has…** | **Then…** |
| A credit balance | The credit balance **must** be verified before submitting a refund request.  View receipt history to verify whether there was a recent refund request to avoid duplicate requests.  Proceed to **Step 2**. |
| No balance | Advise the beneficiary that there is no balance currently and no credit exists on the account.   * **If the beneficiary does not have a credit balance on the account but insists that they are owed a premium refund**, submit the below Support Task:   **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary Name, Beneficiary ID/MBI. * Indicate Current payment option <SSA/RRB, EFT, RCD or INV>. * <**Detail exactly** what the beneficiary is disputing.>   **Complete all required and applicable fields.**  **Note: ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| **2** | Dialogue Your account currently reflects a credit balance of <$xx.xx>. If you would like to leave the credit balance on your account, it will be applied to future premiums due. As a reminder, if your premiums are paid through a third-party subsidy, any refund request may be issued to that third party. | |
| **If the beneficiary…** | **Then…** |
| Requests a refund | Dialogue I will be happy to send a refund request for you that will be researched by the appropriate department. If a refund is due, you should receive your refund check **within 21 business days**.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Refund is requested.   **Complete all required and applicable fields.**  **Notes:**   * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. * If the beneficiary pays any portion of his/her premium through SSA/RRB deductions, the refund will be issued by either Blue MedicareRx or the SSA depending on whether the beneficiary or SSA deductions caused the overpayment. Premium Billing will review the account to determine if the Plan can process the refund. * Refunds from the SSA (recoupments) may take up to 1 or more months to receive. * SSA’s recoupment process is **not** controlled by the Plan; once CMS has updated the LIS or Eligibility, they notify SSA. The Plan must return the premium payments to SSA, as they were received from SSA and not the beneficiary, and SSA will return the funds to the beneficiary. This process can take up to 90 days. The refund, when SSA processes it, will appear on the beneficiary’s SSA check. * Refunds processed back to **debit/credit cards** **must** be for the **full amount** of the **original charge**; credit may take 5-7 business days to apply to the card account, depending on bank processes. **Partial** refunds will be processed by **manual check** refund with 21 business day TAT. * Refund requests **for E-check or EFT** payments are only processed back to the bank account electronically in extenuating circumstances, pending Premium Billing review; credit may take 5-7 business days to apply to the bank account, depending on bank processes. Full **and** Partial refunds of E-check/EFT payments will be processed by **manual check** refund with 21 business day TAT, following the required 5 business day holding period to confirm no returned item. |
| Did not receive his/her refund within the 21-day window | Dialogue I apologize for the delay. Your refund is still being researched and if a refund is still due upon completion of the research, the refund will be mailed to you.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Beneficiary has not received his/her refund in the allotted time * Beneficiary’s current mailing address.   **Complete all required and applicable fields.**  **Notes:**   * **ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. * If the refund differs in any way from the original request, Premium Billing will initiate a callback Task to be completed by MED D Customer Care once the research has been completed. |
| Disputes his/her account balance | Review the beneficiary’s current balance, refer to the [Identify Caller & Review Premium Balance](#_Identify_Caller_&) section in this work instruction.   * **If further research is needed to reconcile the account**, submit the following Support Task, and advise that a plan representative will contact the beneficiary once research is complete:   **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary Name, Beneficiary ID/MBI. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * Beneficiary requesting a refund but is disputing the balance <add specific details for the dispute>.   **Complete all required and applicable fields.**  **Note: ONLY IF** the beneficiary requests a call back (unsolicited), verify the beneficiary’s current phone number and advise the beneficiary to allow up to 3 business days for the callback. In the Support Task Notes indicate that the Beneficiary requested a callback and include the current phone number. |
| Says he/she intentionally paid in advance on his/her account and does not want a refund | Dialogue We will retain the credit balance on the account as long as you are an active plan member.  **Notes:**   * If the beneficiary is terminated from the plan or his/her premium becomes fully covered by Extra Help, a refund will be issued. * No action is needed. |
| Does not wish to receive credit balance invoices | Dialogue We apologize for the inconvenience. At this time, we do not have the capability to suppress credit balance invoices without issuing a refund. |

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| Uncashed Refunds |

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

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| **Step** | **Action** | | | |
| **1** | Dialogue This refund check was issued because you had a credit balance due to overpayment of your MED D monthly premiums.The uncashed refund check can be reissued or applied to your active premium account.Would you like the check reissued to you or applied to your active account?  **Note: Do not offer to apply the uncashed check to a terminated account**. | | | |
| **If the request is…** | **Then...** | | |
| To reissue the check | Dialogue I will be more than happy to have the check reissued. You should receive the reissued check within 21 businessdays. Can you please confirm the mailing address for the refund check? | | |
| **If address...** | **Then...** | |
| Matches address on file. | Dialogue Thank you for confirming this information. We will process your request and reissue the refund check to the address on file. **Please allow up to 21 business days for receipt of the refund check.**  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * + - Uncashed premium billing refund check. Beneficiary requests reissue.     - Check Number     - Issue Date     - Check Amount     - The beneficiary’s current address   **Complete all required and applicable fields.** | |
| Does **NOT** match address on file. | Dialogue Without a current mailing address, we cannot ensure your reissued check will reach you. Would you like to apply the check to your active premium account?  **Note: Do not offer to apply the uncashed check to a terminated account.** | |
| **If...** | **Then...** |
| Yes | Dialogue I will be more than happy to have the check applied to your active premium account. Please be aware that it can take up to 45 business days to reflect the credit on your monthly invoice. Thank you for allowing me to put the credit back into your active account.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * + - Beneficiary would like to apply uncashed refund check to his/her premium account.     - Check Number     - Issue Date     - Check Amount     - The beneficiary’s current address   **Complete all required and applicable fields.** |
| No | Dialogue I understand. This refund amount is still owed to you. If you would not like the check reissued or the credit applied to your account, the check will be transferred to the state in which you reside in accordance with its unclaimed property laws. |
| To apply the check amount to his/her active premium account | Dialogue I will be more than happy to have the check applied to your active premium account. Please be aware that it can take up to 45 business days to reflect the credit on your monthly invoice. Thank you for allowing me to put the credit back into your active account.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * + **UCR020**, Beneficiary would like to apply uncashed refund check to his/her premium account.   + The beneficiary’s current address.   **Complete all required and applicable fields.** | | |
| For a deceased member | I will be happy to send a refund request for you that will be researched by the appropriate department. If a refund is due, the refund check should be received **within 21 business days**.  Submit the following Support Task:    **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** Refund Research/Request  **Task Notes:** Document the following:   * Beneficiary is deceased, refund is requested. * Indicate current payment option <SSA/RRB, EFT, RCD or INV>. * If refund is being requested in another name or address, and proper [legal documentation](#legal) was verified to have been received, **also** notate the requested name and address & caller’s contact number.   **Complete all required and applicable fields.** | | |

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| Uncashed Refunds Frequently Asked Questions |

Refer to the following:

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| **Question** | **Answer** |
| 1. **Why was I issued the original refund check?** | Dialogue At some point, you overpaid on your MED D monthly premiums and accrued an account balance. You either requested a refund through a care representative and/or automated voice system.You may have gained state (SPAP) or federal (LIS) subsidies. |
| 1. **When was I issued this refund check?** | Dialogue Your original refund check was issued on <XXXX>.However, the refund check was never cashed.  **Note:** Refer to the **Payments & Adjustments** within the Premium Billing tab on the **Medicare D Landing Page** in **Compass** to determine when the beneficiary’s check was issued. |
| 1. **Non-Beneficiary calls requesting re-issue of a refund check to the “ESTATE OF” or to Non-Beneficiary?** | Dialogue No Estate Papers or Death Certificate is/are on file showing Estate or C/O information. Once documentation is provided, it will be reviewed and appropriately processed.  Mail documentation to:  **Blue MedicareRx**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **OR** fax to1-866-342-7048 |

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

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

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

* [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789)
* [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032)

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

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

**Reason for Dispute:** Credit Card Research/Request

**Task Notes:** Document the following:

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

**Complete all required and applicable fields.**

**Note:** Reason for Dispute option “**Credit Card Payment**” is valid to direct both One-Time credit card and E-Check Tasks for proper handling.

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| Incorrect LIS Status Prior to Invoicing |

**Note:** Low Income Subsidy (LIS) eligible beneficiaries may or may not pay a premium. This will depend on whether they are in a region either above or below the benchmark. The Social Security Administration will determine eligibility for LIS at level 1, 2, or 3.

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

* **If the LIS Status matches**:

Dialogue This issue will be corrected on the next Premium Billing Invoice.

* **If the LIS status does NOT match**, submit the following Support Task:

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

**Task Notes:** Document the following:

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

**Complete all required and applicable fields.**

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

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| Premium Billing Invoicing & Due Dates |

Refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests (066032)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22).

**Notes:**

* To view the beneficiary’s specific due date, access the invoice in **ONEclick™**.
* If a beneficiary requests an invoice be sent in an alternate/accessible format, for example: Large Print, Braille, or Audio CD, refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests (066032)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22).

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| Payment Options |

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

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

**Refer to chart below:**

|  |  |
| --- | --- |
| **Payment Options** | **Notes/Related Documents** |
| **SSA/RRB Withholding** | [Compass MED D - Blue MedicareRx (NEJE) - SSA/RRB Premium Withholding (066486)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4dcbc11e-22f0-42b9-b743-5a8e46d54842) |
| **E-Check/EFT/ACH**  (One-Time E-Check or Automatic Payments) | [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032) |
| **Credit Card/Debit Card**  (One-Time or Automatic Payments) | [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789) |
| **Mail personal check or money order**  (Direct Invoice) | Refer to [Premium Billing Addresses](#_Premium_Billing_Addresses_1) section in this document for address information. |
| **IVR** | The beneficiary may call the automated system to make a One Time Credit Card/Debit Card payment. This option is available 24 hours a day:  **State IVR Phone Number**  **CT: 1-866-535-8407**  **MA: 1-866-535-8621**  **RI: 1-866-535-6344**  **VT: 1-866-535-8369**  Refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment IVR (066022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=96fac155-3e1d-46be-b284-7c0301f6141c).  **Updating** **an existing EFT/RCD** **cannot** be done on the IVR, advise the beneficiary you will need to transfer them to another representative who can take their payment information. Number will depend on state:  **MA:** 888-543-4917  **CT:** 888-620-1747  **RI:** 888-620-1748  **VT:** 888-620-1746  **Note:** These are internal phone numbers; DO NOT provide to beneficiary. |

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| Premium Billing Processing Times |

Refer to chart below:

|  |  |
| --- | --- |
| **Type** | **Processing** |
| **Credit Card/Debit Card Payments** | The beneficiary can use the credit card / debit card as a **one-time** payment **OR** have this card on file for **automatic (recurring)** payments on a monthly basis.   * Credit card/debit card payments will be visible in **Facets/Compass** within **3 business days**. |
| **EFT/ACH Forms & Payments** | EFT form requests are sent weekly to beneficiaries and can take up to **2** weeks to be received by the beneficiary.   * It can take up to **2** billing cycles for this auto-pay option to take effect. * Once this payment method begins, the premium amount will be electronically withdrawn from the beneficiary’s account between the **8th** and the **10th** of the month. * It can take up to **5 days** for the EFT/ACH payment to reflect in CVS Caremark systems. |
| **SSA/RRB Payments** | Request sent during the next cycle.   * SSA/RRB Withholding may take **2** or more months **for a deduction** to begin. If the request is approved, CMS will determine the effective date of SSA/RRB Withholding. * Social Security Refunds may take **2** or more months. |
| **Statement Requests** | Premium Billing Support Task requests can take up to **21** **business days**. |
| **Refund Checks** | Beneficiaries should allow **21** **business days** for Premium Billing refund checks. |

**Support Task Resolution Times:** Resolution times for Premium Billing Support Tasks are contingent on the issue. Premium Billing will research and provide a resolution for all Premium Billing related activity within **10 business days**. This does **not** include: Statement letters, refunds, and social security refunds. Any issue requiring review from other internal departments can cause a delay in Premium Billing addressing the concern with the standard timeframe of 10 business days.

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| Premium Billing Addresses |

Refer to chart below:

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| --- | --- |
| **Type** | **Address** |
| **Payment Addresses** | **The corresponding lockbox for Blue MedicareRx (NEJE) State P.O. Box Addresses below are MA 411997, VT 410001, RI 411999, CT 410003:**    Blue MedicareRx CT  P.O. Box 410003  Boston, MA 02241-0003    Blue MedicareRx MA  P.O. Box 411997  Boston, MA 02241-1997    Blue MedicareRx RI  P.O. Box 411999  Boston, MA 02241-1999    Blue MedicareRx VT  P.O. Box 410001  Boston, MA 02241-0001    **Example:** A payment for a MA beneficiary should be sent to this address:    Blue MedicareRx MA  P.O. Box 411997  Boston, MA 02241-1997    **CCR Process Note:** Advise the beneficiary that the mail-in payment **must** be **received** prior to end of the Dunning grace period. If the beneficiary is at risk of their payment not being received in time, offer another payment method.    **Mailed in payments can take up to two weeks to be received by the plan.** |
| **EFT Set-Up Address** | **For Premium Payment Option Requests** **ONLY (not used for payments):**  Blue MedicareRx  PO Box 30014  Pittsburgh, PA 15222-0330 |
| **Payment Dispute Address** | Blue MedicareRx  PO Box 30001  Pittsburgh, PA 15222-0330 |
|
| **Bankruptcy** | Beneficiaries may call to request information for Bankruptcy. Advise the beneficiary their Official Bankruptcy Documentation must be sent to the address below for processing:  Blue MedicareRx  PO Box 30001  Pittsburgh, PA 15222-0330 |

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| Creating a Support Task |

The following are the basic steps for opening a Support Task in Compass:

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| **Step** | **Action** | |
| **1** | Open the beneficiary’s account and determine if the Support Task will be created from an existing claim.  **Note:** Best practice is to create a Support Task from an existing claim whenever possible. | |
| **If the Support Task will be created…** | **Then…** |
| From an existing claim | There are two options:     1. From the **Claims Details**tab, click the **Create Support Task**button in the top-right corner of the screen.          1. From the Claims Landing page, use the **Row Level Action**dropdown to create a Support Task from an existing claim. |
| Without attaching a claim | From the **Case Data** section that displays on all Compass screens, click the **Create Support Task** button. |
| **3** | **Result:** A new Support Task will populate with the beneficiary’s information.  **Note:** Creating a Support Task from an existing claim will carry claim information into the Support Task. | |
| **4** | Complete the appropriate Support Task needed for the beneficiary listing all pertainent info necessary to for Premium Billing to complete the task. Follow the appropriate Blue MedicareRX (NEJE) Premium Billing Work Instruction to fill in the necessary details. Refer to [Premium Billing Document Index](#_Associated_Documents)for a list of Premium Billing related work instructions for Blue MedicareRx (NEJE). | |

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| Support Task Reminders |

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

* Do **NOT** create additional Support Tasks with supporting details.
* Under no circumstance is it appropriate to list full credit card/debit card numbers or EFT/ACH routing and account numbers in a Support Task; users who fail to abide by policy may be subject to disciplinary action.
* Refer to [Premium Billing Processing Times](#_Premium_Billing_Processing) section for Turnaround time details.

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| Premium Billing Document Index |

Click link to quickly access these topics:

* [Dunning/Disenrollment Documents](#Dunning)
* [Good Cause Documents](#GoodCause)
* [Premium Billing Payment Documents](#PBPayment)
* [Premium Billing Process Documents](#PBProcess)
* [Premium Billing Systems Documents](#PBSystem)
* [Premium Billing Samples, Forms and Letters](#Samples)
* [Premium Billing Senior Documents](#Senior)

Refer to chart below:

|  |  |  |
| --- | --- | --- |
| **Topic** | **Document Links** | **High Level Description of Document** |
| **Dunning/Disenrollment** Documents | [Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process (066267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98166070-d35d-465f-b1d8-c43cb778562b) | Blue MedicareRx Dunning Work Instructions |
| **Good Cause** Documents | [Compass MED D - Blue MedicareRx (NEJE) - Process for Good Cause Determinations - For Non-payment of Plan Premiums (066482)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=323df485-ff28-48a1-aa43-d234c6e1e31c) | Good Cause Blue MedicareRx Work Instructions |
| Premium Billing **Payment** Documents | [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Credit Card Single-Sign-On (SSO) Processes (066463)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cf25a7a-fee5-426a-8eeb-b91e1eee8789) | Credit Card / Debit Card (One-Time or Automatic Payments |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032) | E-Check **One-Time** Payment, **Automatic** Payments, EFT/ACH Forms |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Missing Check Payment Research (066462)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0fb93998-eabe-4fa8-9673-6ca7eed77c36) | Missing Check Payment Research |
| [Compass MED D - Blue MedicareRx (NEJE) – SSA/RRB Premium Withholding (066486)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4dcbc11e-22f0-42b9-b743-5a8e46d54842) | SSA/RRB Withholding |
| [Compass MED D - Blue MedicareRx (NEJE) - Automatic Credit Card/Debit Card (RCD) Premium Payment Inquiry Job Aid (066264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b63fa647-8e2e-4631-b702-2eb37a1d6372) | **JOB AID** for Credit Card / Debit Card (Automatic Payments) |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing E-Check Returned Item Letter Job Aid (065983)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ecef48e6-6a5c-4677-9950-14ef596bbc5b) | **JOB AID** for E-Check Returned Item Letter |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment IVR (066022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=96fac155-3e1d-46be-b284-7c0301f6141c) | Premium Billing Payment IVR |
| Refer to [Premium Billing Addresses](#_Premium_Billing_Addresses_1) section in this document for address information. | Mail personal check or money order |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Auto Pay Options and Education (066461)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=af8a272a-5fe3-47eb-8ea0-8b14b50a47bc) | Auto Pay options |
| Premium Billing **Process**  Documents | Refer to appropriate section within this document for general processes | General Processes |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans (066464)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1074405-2b6e-4289-b36c-eb8290142646) | Payment Plans |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests (066032)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22)  **Note:** If a beneficiary requests an invoice be sent in an accessible/alternate format, for example: Large Print, Braille, or Audio CD, refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests (066032)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22). | Invoices |
| Premium Billing **Systems** Documents | [Compass MED D - Viewing Correspondence and Requesting Reprints (061763)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c) | **ONEclick™** - To view mail correspondence including invoices and Dunning letters |
| Premium Billing **Samples, Forms and Letters** | [Compass MED D - Blue MedicareRx (NEJE) - Process for Good Cause Determinations - For Non-payment of Plan Premiums (066482)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=323df485-ff28-48a1-aa43-d234c6e1e31c) | Blue MedicareRx (NEJE) Good Cause Letters |
| [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Invoice Requests (066032)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7f35d82-8a9a-4b83-b3dd-6d75dbf87e22) | Invoice Samples |
| Premium Billing **Senior** Documents  **Note:** Link only functions if you have Senior access. | [Med D - Blue MedicareRx (NEJE) - Premium Billing Form Work Instruction - Senior Reps & Supervisors Only (029553)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=36d6b4bc-db99-40c9-becb-aef92eb2b48d) | For Senior/Supervisors **ONLY** |

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| Related Documents |

**Grievance Standard Verbiage:** Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2)

**Parent Document:** [CALL-0048: Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0048" \t "_blank)

**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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