# Aetna Compass MED D - SilverScript - Premium Billing Payment Plans

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**Description:** Provides the **Premium Billing Specialized Team CCR** with details necessary to assist the MED D beneficiary with Payment Plans.

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| Reminders |

Refer to the following:

 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):

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

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

 **Premium Billing Specialized Team ONLY** - All Escalation Calls **must** be transferred to a Supervisor. Do **not** transfer to the Senior Team.

Although every effort is made to collect the entire premium balance due, occasionally the beneficiary may ask for a Payment Plan.

* **Active** beneficiaries who are **past due** with their MED D monthly premiums **can** request Payment Plans.
* If the beneficiary states they have financial difficulty the Premium Billing Specialized Care Team should offer a Payment Plan **(beneficiaries on a Payment Plan are excluded from the disenrollment process)**.

**Exceptions:**

* Payment Plans are **NOT** available for the following beneficiaries:
  + With automatic credit card (RCD), automatic bank withdrawal (EFT) (If the beneficiary wants to be switched to Direct Bill (INV) and agrees to payment plan terms a Support Task MUST be submitted, refer to **FAQ #5**).
  + With 100% LIS **AND** no premium due.
  + **EGWP beneficiaries**.
  + **No longer** enrolled in the plan.

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| SilverScript Payment Plan Process |

When the beneficiary requests a Payment Plan for his/her Premium Billing balance, the **Premium Billing Specialized Team CCR** will:

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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 the **Authorized Persons who can make changes to the Premium Billing Account** 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). | | |
| **If the caller is…** | **Then…** | |
| The beneficiary, Ship Counselor, or Legal Representative | Proceed to **Step 2**. | |
| **NOT** the beneficiary, Ship Counselor, or Legal Representative | Requests to change the beneficiary’s premium billing payment method can **only** be made by the beneficiary, Ship Counselor, or Legal Representative. The beneficiary may contact us at any time about how to submit the request. I apologize for the inconvenience.  Proceed to **Step 5.** | |
| **2** | Click on the **Premium Billing** tab of the Medicare D Landing Page to verify whether the beneficiary already has a Payment Plan set up on the premium billing account.  **Note:** The **Payment Plan** section is located near the top of the screen next to the **Balance Details** section. If a payment plan is showing for the member but has a term date listed, that is not an active payment plan. | | |
| **If the beneficiary does…** | **Then…** | |
| **NOT** have a Payment Plan | Proceed to **Step 3**. | |
| Have a Payment Plan (with no term date listed) | A Payment Plan has already been established for your account. You should have received a letter confirming this information.  **Notes:**   * Advise the beneficiary of the **Begin Date** and **Amount** (in addition to the beneficiary’s monthly premium) and any related comments about the Payment Plan. * The letter can be located within **ONEclick**.   Proceed to **Step 5.** | |
| **3** | Determine the current balance owed and current payment method; refer to the **Viewing Premium Balance** **Details** 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).  **Premium Billing Specialized Team CCR Process Note:** If the beneficiary was directed that they must pay their past due balance prior to being re-enrolled into the plan, they must pay the entire past due amount. If the beneficiary is disenrolled, they are not eligible for a Payment Plan. | | |
| 4 | Our system shows a balance on your account of **<$XX.XX>**. The more you can pay each month, over and above the current monthly plan premium (and LEP if applicable), the sooner you will be able to eliminate the past due balance. What amount are you able to pay in addition to the current plan premium (and LEP if applicable) each month?  **Premium Billing Specialized Team CCR Process Notes:**   * The beneficiary is responsible for determining what can be afforded. * Payment Plans can only be accepted for a minimum of at least **<$10>** paid in addition to the monthly premium. | | |
| **If the beneficiary can…** | **Then…** | |
| Pay **at least $10** more than the monthly premium (and LEP if applicable). | Identify the beneficiary’s current payment method:   * From the Member Snapshot Landing Pagein Compass, click the Medicare D Landing Page. * Click the **Premium Billing** tab, the **Date Range** will automatically populate under the **Premium Details** section. (Click the chevron arrow to expand/collapse each section.) * Set the **Date Range:** To ensure the **Billing Cycle & Payment Method** sectiondisplays correctly, change the **End Date** field to the end of the next year (for example: **12/31/2026**). * Verify the **Stock ID**. | |
| **If the beneficiary’s current payment method is…** | **Then…** |
| EFT (Automatic Bank Withdrawal)  **OR**  RCD (Automatic Credit Card) | Payment Plans are **NOT** available for beneficiaries who are enrolled in EFT or RCD.  **Note:** If the beneficiary wants to switch to INV AND have a payment plan you MUST cancel the beneficiary’s automatic payment method BEFORE sending a Support Task for a Payment Plan.   * If the beneficiary’s PWO is EFT, refer to: [Aetna Compass MED D - SilverScript Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e). * If the beneficiary’s PWO is RCD, refer to: [Aetna Compass MED D - SilverScript Premium Billing Credit Card Single-Sign-On (SSO) Processes (064883)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152).   Follow the below AFTER cancelling the beneficiary’s automatic payment method:  I have cancelled your automatic payment method and I will submit a request for a Payment Plan. The Payment Plan we have agreed to is your current monthly plan premium and LEP (if applicable) plus <**$XX.XX**>. The total payment due each month will be <**$XX.XX**>. You should receive a payment plan confirmation letter. Your first payment with this Payment Plan will be due:   * Upon receipt of your next invoice. * Ongoing payments will be due every month thereafter.   Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011**, The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Reminder:** Under no circumstance is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to Support Task comments/Notes, Mail Order Alerts, and Emails. Credit card numbers and EFT/ACH routing and account numbers may only be entered in system specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.  Proceed to **Step 5.** |
| INV (Direct Bill) | OK. The Payment Plan we have agreed to is your current monthly plan premium and LEP (if applicable) plus <**$XX.XX**>. The total payment due each month will be <**$XX.XX**>. You should receive a payment plan confirmation letter. Your first payment with this Payment Plan will be due:   * Upon receipt of your next invoice. * Ongoing payments will be due every month thereafter.   **Important:** Double check your calculations to make sure they are correct.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011**, The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Reminder:** Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to Support Task comments/Notes, Mail Order Alerts, and Emails. Credit card numbers and EFT/ACH routing and account numbers may **only** be entered in system specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.  Proceed to **Step 5.** |
| SSA or  RRB | The Payment Plan we have agreed to is <**$XX.XX**>. Since you are set up for SSA or RRB, your premium should be deducted from your benefit check **and you will not receive an invoice.** The additional payment plan amount of <**$XX.XX**>MUST be paid directly to the plan via one-time credit/debit card or check/E-check. You should receive a payment plan confirmation letter. Your Payment Plan amount will be due on the first of each month.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011**, The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>. The beneficiary’s premium (LEP if applicable) will be deducted from their SSA or RRB check. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Reminder:** Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to Support Task comments/Notes, Mail Order Alerts, and Emails. Credit card numbers and EFT/ACH routing and account numbers may **only** be entered in system specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.  Proceed to **Step 5**. |
| 100% LIS **Choice** beneficiary (No Premium Due) | At this time you are not required to pay any past due balance and will not have an amount due for the months covered by Extra Help  Proceed to **Step 5**. |
| Beneficiaries with LIS who have a monthly premium responsibility | Beneficiaries with LIS (including 100% LIS) may still have a monthly premium responsibility. The amount the beneficiary has to pay each month will depend on the region they are enrolled in. Always review the **Billing History** and **Rate Data** sections in the Medicare D Landing Page to determine the correct monthly premium the beneficiary is responsible for.  The Payment Plan we have agreed to is your current monthly plan premium and LEP (if applicable) plus <**$XX.XX**>. The total payment due each month will be <**$XX.XX**>. You should receive a payment plan confirmation letter. Your first payment with this Payment Plan will be due:   * Upon receipt of your next invoice. * Ongoing payments will be due every month thereafter.   **Important:** Double check your calculations to make sure they are correct. The beneficiary will receive a letter confirming their Payment Plan has been set up.  Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011**, The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Reminder:**  Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to Support Task comments/Notes, Mail Order Alerts, and Emails. Credit card numbers and EFT/ACH routing and account numbers may **only** be entered in system specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action.  Proceed to **Step 5**. |
| **CANNOT** pay **at least** **<$10>** more than the monthly premium | I understand. Unfortunately, I cannot set up a Payment Plan for you at this time if you cannot pay at least **<$10>** in addition to the monthly premium and LEP (if applicable). Please call us back if you change your mind.  **Notes:**   * If the beneficiary is in the Dunning process, the beneficiary MUST pay the amount on the Dunning letter by the date on the Dunning letter to avoid disenrollment. Verify the amount and date on the most recent Dunning letter in ONEclick and advise the beneficiary. * In the **Alerts** field of the Medicare D Landing Page in **Compass**, document the following: * The beneficiary offered to pay **<$XX.XX>** in addition to his/her monthly premium and LEP (if applicable). * This amount does not meet the minimum requirements for a Payment Plan. * Do **NOT** open a Support Task.   Proceed to **Step 5**. | |
| **5** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures; refer to [Compass - Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid (061758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0). | | |

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| Frequently Asked Questions |

Refer to the below Questions and Answers when addressing questions about the various processes within this document:

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| **#** | **Question** | **Answers** |
| **1** | **What is the lowest amount I can pay per month?** | The lowest amount you can per month is **$10.00** in addition to your standard monthly premium and LEP (if applicable). **It cannot be any less.** |
| **2** | **How much am I required to pay with the Payment Plan?** | **The more you can pay each month, over and above the current monthly plan premium and LEP (if applicable), the sooner you will be able to eliminate the past due balance.**  **Notes:**   * **Payment Plans can only be accepted for a minimum of at least <$10> paid in addition to the monthly premium and LEP (if applicable).** * **The beneficiary is responsible for determining what can be afforded.** |
| **3** | **Can I set up a Payment Plan for my past due balance even if I have SSA/RRB withholding?** | Yes, since you are set up for SSA or RRB, your premium should be deducted from your benefit check and you will not receive an invoice. The additional payment plan amount of **<$XX.XX>** MUST be paid directly to the plan via one-time credit/debit card or check/E-check. Your Payment Plan amount will be due on the first of each month. |
| **4** | **Will the finance department contact the beneficiary about their Payment Plan?** | No, but a letter will be sent confirming the effective date and amount of the Payment Plan.  **Notes:**   * The finance department will not contact the beneficiary if there is information missing from the Support Task. * Support Task notes must be clear and concise. * The Payment Plan must be addressed during the call to ensure the request is successfully completed. * Payment plan confirmation letters are viewable in ONEclick. |
| **5** | **Can beneficiaries with Automatic credit Card deductions and EFT/ACH withdraws set up a Payment Plan?** | No. EFT and Automatic credit card deductions are drawn between the 8th and 10th of the month, you cannot choose a portion of the amount that is deducted; the entire balance will always be deducted at that time.  **Note:** If the beneficiary wants to switch to INV AND have a payment plan you MUST cancel the beneficiary’s automatic payment method BEFORE sending a Support Task for a Payment Plan.   * If the beneficiary’s PWO is EFT, refer to [Aetna Compass MED D - SilverScript Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (062995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e374d0da-4315-4a41-97fd-d00b937ec68e). * If the beneficiary’s PWO is RCD, 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).   Follow the below AFTER cancelling the beneficiary’s automatic payment method:  I have cancelled your automatic payment method and I will submit a request for a Payment Plan. The Payment Plan we have agreed to is your current monthly plan premium and LEP (if applicable) plus <**$XX.XX**>. The total payment due each month will be <**$XX.XX**>. You should receive a payment plan confirmation letter. Your first payment with this Payment Plan will be due:   * Upon receipt of your next invoice. * Ongoing payments will be due every month thereafter.   Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011**, The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Reminder:** Under no circumstance is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field. This includes but is not limited to Support Task comments/Notes, Mail Order Alerts, and Emails. Credit card numbers and EFT/ACH routing and account numbers may only be entered in system specified credit card number/EFT/ACH routing and account number fields. All comment fields are periodically checked for compliance. Users who fail to abide by policy may be subject to disciplinary action. |
| **6** | **What if the beneficiary is in the Dunning process and states that they can make the payment after the Dunning due date?**  **OR**  **What is the difference between a payment plan and promise to pay?** | Promising to pay a balance on a date after the date on the Dunning letter does **not** exclude the beneficary from disenrollment.   * To avoid disenrollment, the beneficiary MUST pay the amount listed on the Dunning letter by the date listed on the Dunning letter. * However, if the beneficiary cannot pay the amount prior to the due date on the letter and agree to Payment Plan terms, the beneficiary **can** avoid disenrollment due to non-payment of premiums. * Refer to the **Process** section to assist the beneficiary with setting up a **Payment Plan** by creating the Support Task.   **Note:**  If the beneficiary does **NOT** want to set up a Payment Plan, to avoid disenrollment, the beneficiary **must** pay off the balance in full by the date in the most recent Dunning Letter. |
| **7** | **What are the Payment Plan Requirements?** | The Payment Plan requirements are as follows:   * Minimum of **$10.00** in addition to the monthly premium and LEP (if applicable). * Must be active in plan. * If the beneficiary is in the Dunning process, the request must be received prior to dunning disenrollment date * INV, SSA or RRB- Stock ID. * **Example:** Beneficiary’s balance due is $400.90. Beneficiary’s standard monthly premium is **$22.40** per month. The beneficiary has agreed to pay **$10.00** in addition to their premium. The beneficiary’s minimum Payment Plan amount will be **$32.40** per month. |
| **8** | **Can I change my Payment Plan amount?** | Yes, the beneficiary can update their payment plan amount if the beneficiary still agrees to a minimum of their premium (and LEP if applicable) plus $10.  **Submit the following Support Task:**  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * **PPS011,** The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task.  **Note:** Check the beneficiary’s premium amount to validate that the new amount requested is still premium (and LEP if applicable) plus **$10**. |
| **9** | **Can I make a payment now?** | You can make a One Time credit card or E-Check payment over the phone or online at AetnaMedicare.com/payyourpremium. You can also pay by mailing in a personal check. **Monthly automatic/recurring payments are not an option.**  **Note:** Beneficiaries who do **not** have an **email** address will **not** be able to process a **Guest** payment **or** create a **Login** for the Member Portal. **Do NOT advise the beneficiary to enter an invalid email address to bypass the email requirement.** Offer self-service Premium Payment IVR as an option. |

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| Resolution Time |

Resolution times vary by the specific situation. Refer to the **Premium Billing Processing Time** 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) and [Compass - Support Task Types and Uses (056365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1).

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| Related Documents |

[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)

**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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