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

[Determining If Premium Billing Payment IVR Will Provide Resolution](#_Toc184909612)

[Tips to Prepare a Beneficiary to Use the Premium Payment IVR](#_Toc184909613)

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**Description:** Provides MED D Care CCRs a guide to the Premium Billing Payment IVR for **SilverScript** beneficiaries.

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| Determining If Premium Billing Payment IVR Will Provide Resolution |

Beneficiaries may call in response to a Premium Billing Letter, Invoice, or Dunning call and need to make a payment or wish to add EFT/RCD autopay.

* MED D Care CCRs must review a few different areas within Compass prior to advising the beneficiary whether the Premium Billing Payment IVR system will provide resolution.
* CCRs may also inform the beneficiary of what to expect when using this IVR.

For full functionality of Compass, Microsoft Edge with Internet Explorer compatibility enabled is required. Please be sure your browser compatibility is set appropriately.



 **The Aetna Med D SilverScript Premium Payment IVR cannot process** **EGWP** (SSI EGWP or Aetna SSI EGWP) beneficiary payments or plan requests. EGWP beneficiaries must either mail a check/money order to the address on their invoice, set up ACH/billpay through their bank/EFT form, or be assisted by Customer Care using the SSO for Premium Payments; refer EGWP beneficiaries to the information provided by their plan.

Refer to the following:

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| **Step** | **Action** | | |
| **1** | From the Member Snapshot Landing Pagein Compass, click the **Medicare D** tab:   * 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 (**Example:** **12/31/2026**). | | |
| **2** | Review the current **Stock ID** listed in the **Billing Cycle & Payment Method** section of the **Premium Billing** tab: | | |
| **If…** | **Then…** | |
| A **Stock ID** of **INV** | Proceed to **Step 3**. | |
| **Stock ID** of **EFT** or **RCD** | The beneficiary is already enrolled in an Automatic Credit Card/Debit Card (RCD) or EFT/ACH payments for the **current month** and red warning message will display.    **The Premium Payment IVR** will **NOT** make **changes** to the existing autopay, for **Autopay updates**, refer to the appropriate autopay work instruction:   * [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) * [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)   Verify timing of the beneficiary’s call to accurately advise beneficiary about their Premium and IVR use: | |
| **If caller would like to make a separate One-Time payment via the Premium Payment IVR and…** | **Then…** |
| Today is the **1st-4th** of the month | Beneficiaries may make a premium payment through the IVR. These payments should be posted by the 5th and **will** affect whether there is an RCD/EFT premium charge for the month and/or the amount charged.  **Note:** Payments can take up to **3** calendar days to be visible in Compass.  Notify the Beneficiary that **InstaMed** processes Medicare Part D premium payments **on behalf of SilverScript**.  Proceed to **Step 3**. |
| Today is the **5th-7th** of the month | Beneficiaries may make a premium payment through the IVR; however, this will **not** affect the scheduled RCD/EFT charge for the month. This may lead to double charges to the beneficiary.  **Note:** Payments can take up to **3** calendar days to be visible in Compass.  Notify the Beneficiary that **InstaMed** processes Medicare Part D premium payments **on behalf of SilverScript**. |
| Today is the **8th, 9th, or 10th** of the month | The RCD/EFT may have **already** charged or be **scheduled** to charge. While the IVR will accept payment, this may lead to doubled charges to the beneficiary.  RCD/EFT charges between the **8th & 10th** of each month for the balance due on the account as of that month’s billing. Adding a card/banking information for RCD/EFT of premiums **as late as the 6th** of the month will enable a payment to schedule in the current month if there was a balance due at the beginning of the month. The IVR offers RCD/EFT **after** one-time payment; beneficiaries enrolling in autopay from the 1st-6th may have an autopay charge in addition to the IVR payment.  **Note:** Payments can take up to **3** calendar days to be visible in Compass.  Notify the Beneficiary that **InstaMed** processes Medicare Part D premium payments **on behalf of SilverScript**. |
| A **Stock ID** of **SSA** in the specified date range | The **Automatic Payment** button is disabled.    Do **NOT** advise the beneficiary to make a payment via the IVR unless there is a premium due from prior to SSA effective date. **Note:** Invoices are sent when a beneficiary has a balance due not covered by the SSA PWO. View recent invoices in **OneClick** to see if the below notice is in the upper right.    If the beneficiary would like to change their Payment Withholding Option (PWO), the SSA must be stopped first before EFT/RCD can be added, 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).  **Note:** The **Premium Payment IVR** may offer EFT/RCD & accept a one-time payment from the beneficiary, however, the **IVR autopay** request will be **denied** by Premium Billing for existing SSA PWO accounts. | |
| **3** | Display all **Payments & Adjustments** as well as **Rate Data** by clicking the chevron arrow to expand/collapse each section: | | |
| **4** | Review recent payments and LIS level (if any) and advise beneficiary of their current balance due, recent payments applied, and if there is a monthly premium due each month above any suplement/plan program (e.g. LIS, EGWP with LEP, or SPAP).    **Note:** The **Premium Payment IVR** will accept payment from the beneficiary, even with a current balance due of zero. | | |
| **5** | Proceed to applicable section:   * [Tips to Prepare a Beneficiary to use the Premium Payment IVR](#_Tips_to_Prepare) * [Premium Payment IVR Numbers](#_Automatic_Credit_Card) * [General Premium Payment IVR Flow](#_General_Premium_Payment) | | |

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| Tips to Prepare a Beneficiary to Use the Premium Payment IVR |

 After [Determining if Premium Billing Payment IVR Will Provide Resolution](#_Determining_if_Premium)**,** if the beneficiary is a good candidate for using the Premium Payment IVR for a one-time payment, and possibly adding RCD/EFT, CCRs can use the below Tips to help prepare a beneficiary before transferring to the IVR (beneficiary may prefer to call the IVR independently, refer to [Premium Payment IVR Numbers](#_Automatic_Credit_Card)).

Refer to the following tips:

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| **#** | **Tip** |
| **Tip 1** | Beneficiary will need to have their **Payment ID**, located on the bottom left of the invoice (on coupon).   * The IVR will request the **last 6 digits** of the Payment ID during authentication; CCR may refer to the **Membership ID** in **Compass** to advise beneficiary of the digits to enter/say.   **Note:** The IVR may recognize the caller’s phone number and skip asking for Payment ID. |
| **Tip 2** | Beneficiary may also need to say or enter their **Date of Birth** (e.g., “January 1, 1920” or 01011920). |
| **Tip 3** | If prompted for a zip code, the beneficiary should say or enter the **mailing address zip** code.   * CCR can confirm mailing address on file on the **Medicare D** tab in the **Medicare D Demographics** panel or on the Member Snapshot Landing Page in the **Contact Information** panel.   **Note:** Address changes may take 3 days to flow into the InstaMed system. Advise beneficiary to use what zip code is currently on file if they are calling the IVR same day. |
| **Tip 4** | The IVR will present the caller with the **current balance** on the account (as of the last file sent to the system; normally the prior day).   * Beneficiaries will be able to pay the balance stated **or** enter/say a different amount.   **Note:** Payments over $1,000 will be denied by the IVR and caller will be transferred to Care. This is to prevent unintentional/unnecessary overpayment. |
| **Tip 5** | The IVR recognizes voice and sound.   * Beneficiaries should reduce background noise when calling to prevent miscommunications with the IVR. * When the IVR does not understand or receive a response timely, it will offer a second opportunity for that information to be said or entered. |
| **Tip 6** | Both payment **card** (Visa, MasterCard, AMEX, and Discover) and **banking** information (checking or savings) are accepted on the Premium Payment IVR.   * Beneficiaries should have their payment information ready to enter/say when prompted. * Beneficiaries may be offered the option to save this payment method for future calls to the IVR. |
| **Tip 7** | Beneficiaries who are **not** currently on EFT or RCD autopay will have the opportunity to **add** autopay **after** making a one-time payment.   * The EFT/RCD will be set up with the payment source used for the premium payment, there is no option to enter a different payment source for the autopay opt-in. |
| **Tip 8** | The IVR will provide a **confirmation** **number** after reciting the Turn Around Time for processing and posting.   * Advise beneficiary to wait for the confirmation number at the end of the call, so they may make note of it for their records. (Payments can take up to 3 calendar days to be visible in Compass.) |
| **Tip 9** | The beneficiary can request an Agent at any time by pressing “0” or saying “Agent.”   * This will transfer the caller into the appropriate Care Line for further assistance. |

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| Premium Payment IVR Numbers |

Refer to the following:

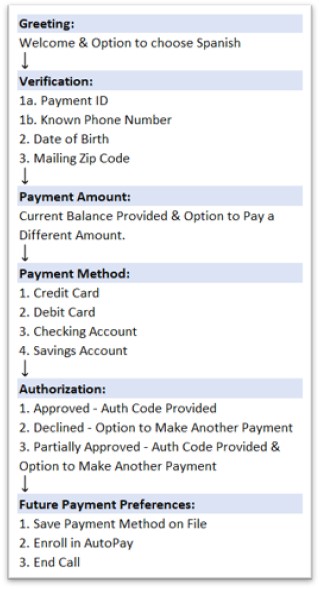
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| **Client** | **IVR Number** |
| **SilverScript** | **1-833-287-0075** |

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| General Premium Payment IVR Flow |

CCRs can refer to the below general Premium Payment IVR flow when assisting beneficiaries with IVR related concerns.

1. Greeting: Welcome to the Aetna Medicare Premium Payment Center.
2. SilverScript line will offer Spanish language option after greeting; press **9** for Spanish.
3. If the beneficiary is using a phone number we have on file, and no other beneficiary also has that number, the IVR will request Date of Birth to validate located account. Beneficiaries using a different phone number to call the IVR, or shared phone number accounts, will be prompted to enter the last 6 digits of their Payment ID, and then may be asked for Date of Birth and/or mailing zip code to complete authentication.
4. The IVR will provide the caller with the current balance. The beneficiary may then decide whether to pay the amount due or enter a different amount.
5. Next, the beneficiary will be asked what payment method they wish to use (Bank Account or Card) and requested to enter the necessary routing/account or card numbers.
6. After the IVR confirms the amount to be paid with the caller, it will process the payment and advise the beneficiary of the results (Approved, Partially Approved, Declined) and state the Turn Around Time for posting of the payment to our system. This is followed by the confirmation number for the payment. \***Note:** Declined or Partially Approved payments will lead to an option to speak to an Agent or process another payment with a different payment method.
7. If the payment method used is not currently saved on file, the IVR will offer the option to save it for future use on IVR payment calls.
8. After processing a payment for a beneficiary not currently enrolled in EFT/RCD, the IVR will offer to enroll the payment method just used for autopay of premiums. Beneficiaries who accept will be advised by the IVR of successful completion of autopay enrollment; those who say no (or who are already on EFT/RCD) will be thanked and the call will close.



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| Related Documents |

[Aetna Compass MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29cd0a2a-b165-4baa-a448-918931058152) (064883)

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

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

**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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3) (062962).

**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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