# Aetna Compass MED D - SilverScript - SSA/RRB Premium Withholding

[Important Notes](#_Toc183173041)

[Warm Transfer Process](#_Toc183173042)

[Processing/Checking Status of SSA/RRB Withholding Requests](#_Toc183173043)

[Payment Change Requests](#_Toc183173044)

[SSA/RRB Withholding Request Inquiry/Rejection](#_Toc183173045)

[When to Request SSA Research](#_Toc183173046)

[Frequently Asked Questions](#_Toc183173047)

[Additional Information](#_Toc183173048)

[Related Documents](#_Toc183173049)

**Description:** Provides details necessary to assist **SilverScript** beneficiaries with checking on the status of previously requested SSA/RRB Withholding **OR** processing a new SSA/RRB Withholding request for Premium Billing payments.

|  |
| --- |
| Important Notes |

### **Warm Transfer Process**:

** SilverScript beneficiaries** must be **Warm Transferred** to the **Premium Billing Specialized Care Team** at **1-866-824-4055** for the following **SSA/RRB** call types (not all inclusive):

* Processing/Checking Status of SSA/RRB Withholding Requests
* SSA/RRB Cancellation or Payment Change Requests
* SSA/RRB Withholding Request Inquiries or Rejection Inquiries

### **What does a request for SSA/RRB Premium withholding mean***?*

* A beneficiary who receives a Social Security Benefit or Railroad Benefit can request to have their monthly premium for their prescription part D coverage paid from their monthly benefit amount.
  + A request for SSA/RRB deduction is submitted by the plan for the beneficiary.
  + Once accepted, the beneficiary will have a deduction for their monthly premium from their benefit each month. In turn, Medicare will send the payment to the plan monthly for the beneficiary.
  + Premium payments are sent to the plan once a month in a mass file, for all beneficiaries who are set up with SSA/RRB.
  + It can take up to 3 months from the time a beneficiary requests to withhold their premium before they start seeing premiums withheld from their benefit amount.
  + Setting up a beneficiary to have monthly premium deductions through SSA/RRB is **not** in any way a **subsidy**; they are paying for the premium with their benefit funds.
    - If a beneficiary states that they need **extra help** paying their monthly premium or that they **cannot afford** the monthly premium:

DialogueThe easiest way to apply for Extra Help is by filling out and mailing the application that was included in your grey letter from Medicare. Other steps you can take are:

* + - * **For questions about Extra Help with your prescription drug costs or if you need assistance completing the application:**
        + Call the Social Security Administration (SSA) at 1-800-772-1213 (TTY users call 1-900-325-0778) between 8:00 a.m. – 7:00 p.m. Local Time, Monday through Friday.
        + You can also fill out the application at [www.ssa.gov](http://www.ssa.gov) ; search for "Extra Help Form”.
      * **To get another copy of the application by mail**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
      * Call a State Health Insurance Program (SHIP) in your area for free personalized health insurance counseling. See your “Medicare & You” handbook or call 1-800-MEDICARE for their telephone number.
* **When processing an SSA/RRB Request, remind beneficiary to continue to pay invoice as long as you receive one, and offer to take a payment for any past due balance.**
* This payment option change **cannot** be made retroactively. MED D Customer Care can only update the beneficiary’s account going forward.
* A disenrolled beneficiary is not eligible for Automatic Payment options, unless **all** overdue plan premiums have been paid and the beneficiary has been reinstated. Refer to [Aetna MED D SilverScript - Process for Good Cause Determinations For Non-payment of Plan Premiums (063898)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=307fc8be-d14d-43ff-ab22-92e01762193f).

**NOT** available for EGWP Group (800 series plans) beneficiaries, 100% LIS beneficiaries with no premium due, or beneficiaries who are enrolled in a State Pharmaceutical Assistance Program (SPAP) plan.



### Downtime Procedures:

IfencounteringanyissueswithwarmtransferringSilverScriptbeneficiariestothe1-866-824-4055phonenumber,consultwithyourSupervisorforfurtherassistance;youmaybeinstructedtocontactITtoreportanytechnicaldifficulties.

[Top of the Document](#_top)

|  |
| --- |
| Processing/Checking Status of SSA/RRB Withholding Requests |

 SilverScript beneficiaries must be **WARM Transferred** to the **Premium Billing Specialized Care Team** at **1-(866)-824-4055**.

* **Downtime Procedures:** Refer to [Important Notes](#_Important_Notes).

When receiving a call from the beneficiary regarding the status of **OR** submitting a new request for SSA/RRB Withholding, the **PREMIUM BILLING SPECIALIZED CARE TEAM** will perform the following steps:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account. Refer to the **Authorized Persons who can make changes to the Premium Billing Account** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082). | |
| **2** | Ensure the **Stock ID** field in the **Billing Cycle & Payment Method** section of the **Premium Billing** tab displays fully:   * From the Member Snapshot Landing Page in Compass, select the Medicare D Landing Page. * Click the **Premium Billing** tab. * Set the **Date Range:** **Start Date Range** to 01/01/2006 & **End Date Range field** to the end of the next year (**Example:** **12/31/2026**).   **Example: Date Range Set for Full View:**    CCRs must further review the **Compass** account after viewing the **Billing Cycle & Payment Method** section on the Medicare D Landing Page. Key places to review are:   * Check **Member’s Recent Support Tasks** and **Member’s Recent Cases** panel on the Member Cases Landing Page to review any **Open** or **recent** Premium Billing Inquiry tasks. * Review **Member** and **Client** **Alerts** on the Member Snapshot Landing Pagefor notes from Premium Billing; review notes fully. | |
| **If…** | **Then…** |
| Stock ID shows SSA/RRB in selected date range | Dialogue The plan submitted your request to CMS and we currently show your SSA/RRB Payment Method is effective <MM-DD-YYYY>. If your request is approved, the Social Security Administration will send you a confirmation letter that will also indicate when the Social Security Administration or Railroad Retirement Board Withholding is scheduled to start.  Proceed to **Step 3**. |
| **No** SSA/RRB Stock is in the current date range, and **no** SSA Support Task is found in **Member’s Recent Support Tasks** and **Member’s Recent Cases** panel on the Case Details Landing Page in the last 30 days **but beneficiary states they requested SSA/RRB** | Dialogue There does not appear to be a recent request submitted for withholding. Please allow me to create a request to update your Premium Payment Method to Social Security or Railroad Retirement Board deductions. Your request will be submitted for the next available payment cycle. It may take two or more months for your deduction to begin. If your request is approved, the Social Security Administration will send you a confirmation letter that will also indicate when the Social Security or Railroad Retirement Board Withholding is scheduled to start.  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SSA REQUEST  **Amount Disputed:** $0.00  **Task Notes:** Document the following:   * **SRQ016**, set up SSA/RRB Deductions. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  Proceed to **Step 3**.  **Note:** For beneficiary concerns related to unexpected SSA/RRB withholding changes or correspondence refer to the [When to Request SSA Research](#_When_to_Request) section of this Work Instruction. |
| Beneficiary currently does **not** have SSA/RRB and there is **NOT** an Open Premium Billing Support Task regarding SSA/RRB Withholding - Beneficiary is **asking for SSA/RRB** payment method | Dialogue Please allow me to create a request to update your Premium Payment Method to Social Security or Railroad Retirement Board deductions. Your request will be submitted for the next available payment cycle. It may take two or more months for your deduction to begin. If your request is approved, the Social Security Administration will send you a confirmation letter that will also indicate when the Social Security or Railroad Retirement Board Withholding is scheduled to start.  Submit the following Support Task to request SSA/RRB Withholding:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SSA REQUEST  **Amount Disputed:** $0.00  **Task Notes:** Document the following:   * **SRQ016**, set up SSA/RRB Deductions. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  Proceed to **Step 3**. |
| An Open or recent Support Task **IS** found on the Case Details Landing Page requesting SSA. | Dialogue A payment option change was submitted on <MM-DD-YYYY> and is being processed. Your request for premium deduction will be submitted for the next available payment cycle. It may take two or more months for your deduction to begin. If your request is approved, the Social Security Administration will send you a confirmation letter that will also indicate when the Social Security or Railroad Retirement Board Withholding is scheduled to start/stop.  **PREMIUM BILLING SPECIALIZED CARE TEAM NOTE:** Refer to the **Date** column that corresponds with the **Open** Task row.  Proceed to **Step 4**. |
| **3** | Dialogue Please note, any past due balances will still be owed for premium months prior to the Social Security or Railroad Retirement Board withholding effective date. Please continue to pay your premium invoice for as long as you receive it. Payments can be made via Check, Money Order or One-Time Card or E-check payment. Please ensure to pay your Medicare Part D premiums by the 1st of each month to prevent loss of coverage.  **PREMIUM BILLING SPECIALIZED CARE TEAM NOTE:** SSA/RRBPayments will not post to a beneficiary’s account until payment is received from SSA/RRB. Payments are typically received by the Plan from SSA/RRB at the end of the month, even though beneficiaries see the deduction from their benefit checks during the month. | |
| **4** | 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). | |

[Top of the Document](#_top)

|  |
| --- |
| Payment Change Requests |

 SilverScript beneficiaries must be **Warm Transferred** to the **Premium Billing Specialized Care Team** at **1-(866)-824-4055**.

* **Downtime Procedures:** Refer to [Important Notes](#_Important_Notes).

When a beneficiary requests to stop SSA/RRB Withholding and change premium billing payment methods, the **PREMIUM BILLING SPECIALIZED CARE TEAM** will perform the following steps:

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Determine if the caller is authorized to make changes to the beneficiary’s premium billing account. Refer to the **Authorized Persons who can make changes to the Premium Billing Account** section of the [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082) work instruction. | | |
| **If the caller is…** | **Then…** | |
| **Authorized** to make changes | Proceed to **Step 2**. | |
| **NOT** authorized to make changes | Dialogue Requests to change the beneficiary’s premium billing payment method can only be made by those authorized. The beneficiary may contact us at any time about how to submit the request. I apologize for the inconvenience.  **Note:** If caller inquires how to become the AOR, refer to [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). | |
| **2** | Review the current payment option.   * Refer to the **Identifying the Payment Option** section of [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082).   Ensure the **Stock ID** field in the **Billing Cycle & Payment Method** section of the **Premium Billing** tab displays fully:   * From the Member Snapshot Landing Page in Compass, select the **Medicare D** tab. * Click the **Premium Billing** tab. * Set the **Date Range:** **Start Date Range** to 01/01/2006 & **End Date Range** field to the end of the next year (**Example:** **12/31/2026**).   **Example: Date Range Set for Full View:**    **Note:** Checking the current **Premium Payment Option** will ensure that the PREMIUM BILLING SPECIALIZED CARE TEAM does not submit a request to stop SSA/RRB Withholding for a beneficiary who has already had that payment method stopped. | | |
| **If the Stock ID is…** | **Then…** | |
| SSA or RRB | Review **Member’s Recent Support Tasks** and **Member’s Recent Cases** panel on the Case Details Landing Page to ensure an Open Premium Billing Inquiry Support Task to stop SSA/RRB Withholding has not already been submitted.  **Note:** Checking the Open Premium Billing Inquiry Support Tasks will ensure that the PREMIUM BILLING SPECIALIZED CARE TEAM does not submit a request to stop SSA/RRB Withholding for a beneficiary who has already had that request submitted. | |
| **If there are…** | **Then…** |
| Open Support Tasks to stop SSA/RRB Withholding | Dialogue A payment option change was submitted on <MM-DD-YYYY> and is being processed. Your request for premium deduction will be submitted for the next available payment cycle. It may take two or more months for your deduction to stop.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Refer to the **Date** column that corresponds with the **Open** task row.  Proceed to **Step 4**. |
| **NO** open Support Tasks to stop SSA/RRB Withholding | Proceed to **Step 3**. |
| Anything else | Dialogue You are not enrolled in Social Security or Railroad Retirement Board Withholding. You currently pay your monthly premiums by <direct bill/automatic credit card/electronic funds transfer>.  Proceed to **Step 4**. | |
| **3** | Dialogue Your request to stop premium deduction will be submitted for the next available payment cycle. It may take two or more months for your deduction to stop, at which time your account will return to Direct Billing. You can also enroll in a different auto-pay option that would take effect once the Social Security or Railroad Retirement Board Withholding ends*.* Monthly premiums can be paid through automatic payments from your bank account or they can be charged to your credit card. Would you like to enroll in one of those options once your Social Security or Railroad Retirement Board Withholding is cancelled? | | |
| **If the beneficiary says…** | **Then…** | |
| Yes to Automatic Credit Card/Debit Card Payments | Dialogue I’d be happy to start the process to help enroll you in Automatic Credit Card/Debit Card payments for your monthly MED D premiums.I must first send a request to cancel your current auto-payment method. With Social Security or Railroad Retirement Board Withholding, the premium deduction change is submitted for the next available payment cycle. It may take two or more months for your deduction to stop.  Dialogue We cannot add your Credit Card/Debit Card for automatic payments until your Social Security deductions have stopped. These requests are submitted to and approved by the Social Security Administration. Please call back in 7-10 business days to check the status and to request your Credit Card/Debit Card be added for the next available payment cycle.  Submit the following Support Task to stop SSA/RRB Withholding:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SWITCH INVOICE TO DIRECT BILL  **Task Notes:** Document the following:   * **SDB019**, stop SSA/RRB. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  **Reminder:** 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. Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field.  Proceed to **Step 4**. | |
| Yes to EFT/ACH | The SSA/RRB Withholdings must be stopped before the beneficiary can change to the automatic EFT payment method.  I'd be happy to start the process to help enroll you in Automatic EFT/ACH payments for your monthly MED D premiums. I must first send a request to cancel your current auto-payment method.With Social Security or Railroad Retirement Board Withholding, the premium deduction change is submitted for the next available payment cycle. It may take two or more months for your deduction to stop.  We cannot add your banking information for automatic payments until your Social Security deductions have stopped. These requests are submitted to and approved by the Social Security Administration.  Submit the following Support Task for any requests to stop SSA/RRB Withholding:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SWITCH INVOICE TO DIRECT BILL  **Task Notes:** Document the following:   * **SDB019**, stop SSA/RRB. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  After you have submitted theSWITCH INVOICE TO DIRECT BILL Support task ask the member if they would like to have an EFT form sent to them.  Dialogue I have submitted your request to Stop SSA Deductions. Would you like me to request an EFT form to be mailed to you? | |
| **If the beneficiary says…** | **Then…** |
| Yes | 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) for information on how to submit a Support Task for an EFT form. |
| No | Please call back in 7-10 business days to check the status and to request your banking information to be added for the next available payment cycle. |
| **Reminder:** 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. Under **no circumstance** is it appropriate to list full credit card numbers or EFT/ACH routing and account numbers in any comments field.  For setup & additional monthly automatic EFT Premium Payment questions,refer to the[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) work instruction.  Proceed to **Step 4**. | |
| No (would like to switch to direct billing) | Dialogue I’d be happy to assist you with that.I must first send a request to cancel your current auto-payment method.Your request to stop premium deduction will be submitted for the next available payment cycle. It may take two or more months for your deduction to stop. You should receive confirmation from CMS once your request has been approved and your SSA/RRB Withholding has been canceled.  Submit the following Support Task for any requests to stop SSA/RRB Withholding:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SWITCH INVOICE TO DIRECT BILL  **Task Notes:** Document the following:   * **SDB019**,stop SSA/RRB. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  The PREMIUM BILLING SPECIALIZED CARE TEAM **must** document in **Compass** that the beneficiary is switching payment methods from SSA to Direct Billing.  Dialogue As a reminder, once your Social Security or Railroad Retirement Board Withholding has stopped, you will receive monthly invoices unless you enroll in another automatic payment method. Your entire balance will be due by the invoice due date. Please pay your Medicare Part D premiums by the 1st of each month to prevent loss of coverage.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTES:**   * To view the beneficiary’s specific due date, access the invoice in **ONEclick**. * For additional questions about the Dunning process, refer to [Aetna Compass MED D - SilverScript - Premium Billing Dunning and Disputes Process (062812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9efb103a-cdee-4055-8fe2-870f7486feb4).   Proceed to **Step 4**. | |
| **4** | 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). | | |

[Top of the Document](#_top)

|  |
| --- |
| SSA/RRB Withholding Request Inquiry/Rejection |

SilverScript beneficiaries must be **Warm Transferred** to the **Premium Billing Specialized Care Team** at **1-(866)-824-4055**.



* **Downtime Procedures:** Refer to [Important Notes](#_Important_Notes).

When a beneficiary is inquiring about the status of their SSA/RRB request or if their SSA/RRB request has been rejected, follow the steps below:

**PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** The plan should research the status of inquiries/rejections. Therefore do **not** advise the beneficiary to contact Medicare or the Social Security Administration. Premium Billing will advise the beneficiary if it is determined that the beneficiary needs to contact Medicare or the Social Security Administration.

If there are **multiple calls** (2 or more calls, not including current call) from the beneficiary regarding a SSA rejection, escalate the issue via email to a supervisor for follow up with the beneficiary by the Premium Billing team. Supervisors can send an escalation email to [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com).



|  |  |  |  |
| --- | --- | --- | --- |
| **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 of the [Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082)work instruction. | | |
| **2** | * Research the status of the beneficiary’s request to determine if the beneficiary’s request has been rejected. * Review the **Medicare D** **Alerts** on the Medicare D Landing Page in **Compass** to determine the reason for rejection. | | |
| **If the beneficiary’s SSA/RRB request rejected because of…** | **Then the Medicare D Landing Page in Compass will display…** | |
| **EGWP** | **Plan Details section:**    **Alerts Example:**    Dialogue According to the notes on your account, your Social Security or Railroad Retirement Board request was rejected because you are enrolled in an Employer Group Waiver Plan. Due to this, you are not eligible for Social Security or Railroad Retirement Board deductions at this time. | |
| **No Premium Due** | **Balance Details Example:**    **Billing History Example:**    **Rate Data Example:**    **Billing Cycle & Payment Method Example:**    **Alerts Example:**    Dialogue According to the notes on your account, your premium is fully subsidized and you have no premium due. Therefore, you are not eligible for Social Security or Railroad Retirement Board deductions at this time. | |
| **If...** | **Then...** |
| Unable to determine the reason for rejection | Dialogue Please allow me to research the status of that request.A plan representative will contact you once research is complete.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Submit the following Support Task to **research** the status of the SSA/RRB Withholding request:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** SSA RESEARCH  **Amount Disputed:** $0.00  **Task Notes:** Document the following:   * **SSR015, SSA RESEARCH;** Please research SSA/RRB request rejection. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  **CCR Note**: When submitting the above task for SSA RESEARCH, your Task Notes MUST include “SSA RESEARCH” and “SSR015.”  If there are **multiple calls** (2 or more calls, not including current call) from the beneficiary regarding a SSA rejection, escalate the issue via email to a supervisor for follow up with the beneficiary by the Premium Billing team. Supervisors can send an escalation email to [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com). |

[Top of the Document](#_top)

|  |
| --- |
| When to Request SSA Research |

The beneficiary may call with questions or concerns related to SSA/RRB deductions. Reference the examples below for reasons to request “SSA Research”:

* Beneficiary is confused by **letter** received from CMS, SSA, or the plan.
* Stock ID has been switched to SSA/RRB and the beneficiary did **not** request SSA/RRB.
* Beneficiary states there is a **discrepancy** between the letter received from the Social Security Administration and letter from the plan.
* Beneficiary’s records show there was a SSA/RRB deduction **after** **disenrollment** from the plan.
* The beneficiary’s SSA/RRB deductions were stopped **without** a cancellation being requested.
* The beneficiary has SSA/RRB as their Stock ID and is disputing **past due** premium amount listed on the invoice.

If the beneficiary has concerns similar to those listed above, then submit the below Support Task for Premium Billing to research the beneficiary’s SSA/RRB status. Always request a copy of any communication the beneficiary received from CMS, confirm the beneficiary’s phone number on file is correct, and advise that a plan representative will call the beneficiary once research is completed.



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

**Reason for Dispute:** SSA RESEARCH

**Amount Disputed:** $0.00

**Task Notes:**  Document the following:

* **SSR015, SSA RESEARCH**
* Enter details regarding why the beneficiary is requesting SSA Research.
* Beneficiary’s current phone number.

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

**CCR Note:** When submitting the above task for SSA RESEARCH, your task Notes MUST include “SSA RESEARCH” and “SSR015.”

Beneficiaries may send any documentation via:

SilverScript Fax Number: 1-866-552-6205

PB INQUIRY, ATTN: MC 143

**OR**

SilverScript Insurance Company

PO Box 30001

Pittsburgh, PA 15222-0330

Fax: 1-866-552-6205

[Top of the Document](#_top)

|  |
| --- |
| Frequently Asked Questions |

The following table will assist the PREMIUM BILLING SPECIALIZED CARE TEAM in addressing questions about the various processes listed in this document:

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| **1** | **If I sign up for Social Security or Railroad Board Benefit Withholding, will that cover my past due balance?** | No. Premiums owed prior to the effective date for Social Security or Railroad Benefit Withholding will not be paid through deductions from your benefit. Beneficiaries are responsible for paying any premiums as long as they receive an invoice. |
| **2** | **When will my SSA/RRB deductions start?** | Your request for premium deduction will be submitted for the next available payment cycle. It may take two or more months for your deduction to begin. Please continue to pay your premium invoice as long as you receive it. If approved, CMS will determine the effective date of Social Security or Railroad Retirement Board Withholding. |
| **3** | **When will I receive my SSA/RRB refund?** | It can take two or more months for the Social Security Administration/the Railroad Board to issue a refund. The Plan is not able to provide this refund. |
| **4** | **I cancelled my SSA/RRB deductions, but they are still deducting my premiums.** | DialogueRequests for premium deduction changes are submitted for the next available payment cycle. It may take two or more months for your deduction to begin or stop. If a refund is due, SSA/RRB will provide a refund directly to you. The Plan is not able to provide a refund.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Verify whether a Support Task has already been submitted to cancel the beneficiary’s SSA/RRB Withholding, and submit a Support Task if necessary; refer to [Payment Change Requests](#_Removing_SSA_and). |
| **5** | **Can I choose how much I want deducted from my SSA/RRB check?** | Dialogue No. CMS will deduct the full amount of the premium due, taking into consideration both any Low Income Subsidy and Late Enrollment Penalty amounts. |
| **6** | **Can I set up a payment plan for my past due balance and still have SSA/RRB?** | Dialogue Yes. You can set up a payment plan to pay down the past due balance on your account from prior to SSA/RRB deductions. Once the payment plan is set up, you will receive a confirmation letter and an invoice. Your payment plan payments (above the premiums deducted each month through SSA/RRB) can be made by check/money order, one-time card or e-check. The payment will be due by the due date on the invoice each month.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE for SilverScript:** Refer to [Aetna MED D - SilverScript Premium Billing Payment Plans (101905)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a31498b1-6878-461c-a73a-54cd7b4ee9e8). |
| **7** | **Can I have SSA/RRB withhold my payment plan amount?** | Dialogue No. Social Security/The Railroad Board will withhold only the current month premium plus LEP. No additional amounts can be added. |
| **8** | **How could a beneficiary’s SSA or RRB payment be validated?** | **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** To validate if a beneficiary’s SSA or RRB payment has been received for a particular premium month, review the **Receive Date** column within the **Payments and Adjustments** section of the **Premium Billing** screen in **Compass**.  **Example:**    **Billing Cycle & Payment Method section details from above Example:**   * This section provides the answer to beneficiary’s questions: When did my RRB START, **AND** when did my RRB deduction STOP? Answer: RRB started effective MAY 2012 and TERMED SEPT 2012.   + Effective date is START date:   + in this example, the HISTORY of Payment options for the beneficiary are:     - INV: Direct self-pay (monthly invoice) eff Mar 2012 thru Apr 2012     - RRB: Deductions (from Rail Road Retirement Board check) eff May thru Sept 2012     - INV: Direct self-pay (monthly invoice) eff Jan 2012   **Payments & Adjustments section details from above Example:**   * Shows payments made by beneficiary (Example: Lockbox payment/check) * RRB PAYMENT (this is the payment received from the beneficiary’s RRB check).   **Note:** If the Beneficiary had SSA deductions it would be listed as SSA PAYMENT. |
| **9** | **Around what time frame is my SSA or RRB payment collected?** | Dialogue Payments from a Social Security or Railroad Retirement Board check are received by the plan after the due date; the payments are received and applied by the plan at the end of the premium month in which the payment is due. However, these payments are considered as received by the due date. |
| **10** | **Who determines if my SSA deductions will be approved?** | Dialogue CMS. |
| **11** | **I just received a letter confirming my payments for SSA were sent to pay my premium. Why am I receiving a premium invoice for one month?** | DialogueYour request for premium deduction was submitted for the next available payment cycle. It may take two or more months for your deduction to begin. You are receiving an invoice for any premium payments due **prior** to Social Security or Railroad Retirement Board Withholding taking effect.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Payments from a beneficiary’s SSA or RRB check are received by the plan at the end of the premium month in which the payment is for. |
| **12** | **I just switched plans or have relocated (PBP Change), do I have to request SSA/RRB withholding again?** | Dialogue Yes, once you switch plans or relocate to a new PBP, CMS updates your Premium Withhold Option to INV.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** If the beneficiary wishes to request SSA/RRB; refer to [Processing/Checking Status of SSA/RRB Withholding Requests](#_Reviewing_a_Beneficiary’s). |
| **13** | **I just received my SSA/RRB statement which shows my premiums were deducted and I made a One-Time payment through by Savings/Checking/or Credit Card, can you refund the duplicate payment?** | Dialogue Yes, please allow me time to research your account to confirm we have received a duplicate payment for this month’s premiums. Someone will call you back in 1-2 business days to inform you if the payment can be refunded.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:**  Submit a Support Task for SSA Research, refer to [When to Request SSA Research](#_When_to_Request). |
| **14** | **I received a call regarding my Autopay Options, and I am currently set up for SSA/RRB.** | **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Review the Medicare D Alerts on the Member Snapshot Landing Page and **Medicare D** Landing Page to confirm the reason for the Outbound Call (OBC) to the beneficiary. Relay the information from the Outbound Call notes entered by the Premium Billing Team.   * If the beneficiary requests to continue using SSA/RRB deductions to pay their premiums; document the beneficiary’s response in the comments. * If the beneficiary states they wish to change their Automatic Payment options, refer to [Payment Change Requests](#_Removing_SSA_and). |
| **15** | **I received a letter from CMS stating my SSA/RRB deductions have stopped.** | Dialogue Please send the plan a copy of that letter and allow 1-2 business days for us to research. A plan representative will call you back once research is completed.  SilverScript Fax Number: 1-866-552-6205  PB INQUIRY, ATTN: MC 143  **OR**  SilverScript Insurance Company  PO Box 30001  Pittsburgh, PA 15222-0330  Fax: 1-866-552-6205  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Submit a Support Task for SSA Research, refer to [When to Request SSA Research](#_When_to_Request). |
| **16** | **I received a letter stating I am enrolled in SSA/RRB deductions but did not request SSA/RRB deductions.** | **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Review the **Medicare D** tab to confirm the beneficiary’s stock ID is set to SSA/RRB   * **If yes**, submit a Support Task for SSA Research, refer to [When to Request SSA Research](#_When_to_Request).   + Dialogue We can review why you were enrolled into SSA/RRB, please allow 1-2 business days for us to research. A plan representative will call you back once research is completed. * **If no**, inform the beneficiary what their current stock ID is and document the call. |
| **17** | **I am no longer enrolled in the plan, but my previous premium is still being deducted from my SSA/RRB check.** | Dialogue We can research why your SSA/ RRB deductions continued after disenrollment; please allow 1-2 business days for us to research. A plan representative will call you back once research is completed.  **PREMIUM BILLING SPECIALIZED CARE TEAM PROCESS NOTE:** Submit a Support Task for SSA Research, refer to [When to Request SSA Research](#_When_to_Request). |

[Top of the Document](#_top)

|  |
| --- |
| Additional Information |

**Resolution Time:** Resolution times vary by the specific situation. Refer to the **Resolutions 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).

[Top of the Document](#_top)

|  |
| --- |
| 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 (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**