# Compass MED D - Blue MedicareRx (NEJE) - Dunning and Disputes Process

[Dunning Process, Letters, Envelopes, and Reminders](#_Toc195516590)

[Process](#_Toc195516591)

[Beneficiary Received Dunning Letter 1 (yellow letter) AND/OR Reminder Letter (pink letter) and is calling within the Dunning grace period](#_Toc195516592)

[Beneficiary Received Dunning Letter 1 (yellow letter) AND Reminder Letter (pink letter) AND CALLING WITHIN the first 3 Business Days of the Month after the Dunning Due Date](#_Toc195516593)

[Beneficiary Received Dunning Letter 2 OR Dunning Letter 3](#_Toc195516594)

[Payment Options](#_Toc195516595)

[Disputing Dunning/Disenrollment](#_Toc195516596)

[Disputing Balances](#_Toc195516597)

[Reinstatement/Re-enrollment Requests](#_Toc195516598)

[Frequently Asked Questions](#_Toc195516599)

[Resolution Time](#_Toc195516600)

[Related Documents](#_Toc195516601)

**Description:** Provides details regarding the Premium Billing Dunning Process and what steps to take if the beneficiary has a dispute.

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| Dunning Process, Letters, Envelopes, and Reminders |

**Dunning Process:**

The Dunning Process consists of communicating with beneficiaries regarding premiums that are overdue and that must be paid within the Dunning grace period in order to remain covered under the MED D plan.

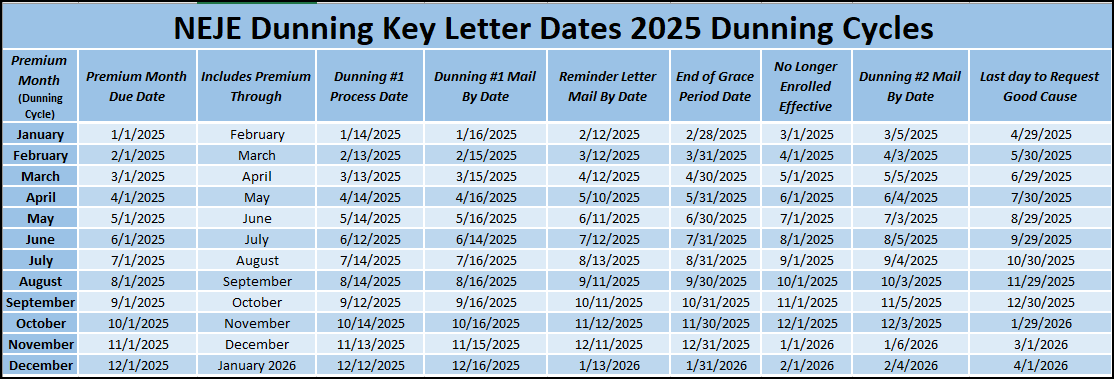
**Letters and Envelopes:**

**** The letters are sent out in the following order and are located within **ONEclick™**:

* Dunning Letter #1 – yellow letter / yellow envelope
* Dunning Reminder Letter – pink letter / pink envelope
* Dunning Letter #2
* Disenrollment Letter (sent by the Enrollment Team)
* Letters are sent within a windowed envelope; the mailing address will be visible through the plastic window.
* The return address is from **New England Joint Enterprise** with the logo in larger print.
* “**ATTENTION: Important Plan Information**” is printed on the front of the envelope.

 If the **Medicare D Landing Page** in Compass is unavailable, users can locate and view **ONEclick™** documents by clicking **Communications** from the **Quick Actions Panel** on the Member Snapshot Landing Page and then clicking **Other Member Letters** from the **Communications Quick Links** section; refer to [Compass MED D - Viewing Correspondence and Requesting Reprints (061763)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c).

Refer to the following charts for Dunning cycle and key letter dates:



**Reminders:**

* **The CCR MUST reference the Dunning Letter(s) to provide the correct Dunning amount due and Dunning due date to the beneficiary to avoid disenrollment**.
  + CCR must read bolded red statement and include in documentation of account.
* The CCR should always encourage the beneficiary to pay entire balance due in full each month by the due date. Auto-pay options should be discussed for payment convenience, refer to[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).
* If the beneficiary states they have financial difficulty the CCR should offer a payment plan (beneficiaries on a payment plan are excluded from the disenrollment process) refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans (066464)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1074405-2b6e-4289-b36c-eb8290142646).
* When the beneficiary is making a payment for more than one beneficiary, separate checks and/or money orders as well as invoice slips should be sent for each beneficiary. The **Finance** department is unable to separate payments from one check/money order.

[Top of the Document](#_top)

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| Process |

**** If the beneficiary is calling about a balance dispute but has **NOT** received a Dunning Letter, the CCR **MUST** first validate notes in **Compass** and letters in **ONEclick™** to ensure the beneficiary is not part of the Dunning Process:

* If part of the Dunning Process, proceed with following steps within this work instruction.
* If **NOT** part of the Dunning Process, refer to the **Premium Billing Disputes (non-Dunning)** section of [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (066459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e6341b-d1ed-4b15-bd10-6eb6a3ed92a5).

When a beneficiary calls about having received a Dunning letter (Dunning #1 yellow letter, Reminder Letter pink letter), the CCR will determine which **Dunning letter(s)** the beneficiary has received, validate notes in **Compass** and Letters in **ONEclick™** and proceed to the appropriate section:

* [Beneficiary Received Dunning Letter 1 AND/OR Reminder Letter and is calling within the Dunning grace period](#_Beneficiary_Received_Dunning)
* [Beneficiary Received Dunning Letter 1 AND Reminder Letter AND CALLING WITHIN the first 3 Business Days of the Month after the Dunning Due Date](#_•_Beneficiary_Received_1)
* [Beneficiary Received Dunning Letter 2 OR Dunning Letter 3](#_•_Beneficiary_Received_3)

[Top of the Document](#_top)

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| Beneficiary Received Dunning Letter 1 (yellow letter) AND/OR Reminder Letter (pink letter) and is calling within the Dunning grace period |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | You received a Dunning Letter <and Reminder Letter> about a past due premium balance. To avoid disenrollment, you must pay $xx.xx by MM/DD/YYYY. Would you like to pay the balance today? | |
| **If...** | **Then...** |
| Yes, would like to pay balance today | Proceed to [Payment Options](#_•_Payment_Options).  If the beneficiary states that they are **unable to make a payment prior to the date on the letters or expresses financial hardship**, offer the beneficiary a Payment Plan, refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans (066464)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1074405-2b6e-4289-b36c-eb8290142646). |
| No, does not want to pay balance today | **Note: Failure to provide the correct Dunning amount by the Dunning due date per the Dunning Letter(s) in ONEclick™ could result in the beneficiary being disenrolled in error.**  I understand. If you do not pay the amount owed as stated in the letter(s) by <MM/DD/YYYY>, you will be at risk of being disenrolled from your Part D Prescription Drug Coverage.  We offer several different Automatic Payment options for future payment convenience; I would be happy to provide you additional information.  **Note:** Refer to[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).  If the beneficiary states that they are **unable to make a payment prior to the date on the letters or expresses financial hardship**, offer the beneficiary a Payment Plan, refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans (066464)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1074405-2b6e-4289-b36c-eb8290142646).  Proceed to **Step 2**. |
| No, does not want to pay balance today  **AND**  Disputes the Dunning and Disenrollment | Proceed to [Disputing Dunning/Disenrollment](#_•_Disputing_Dunning/Disenrollment). |
| No, does not want to pay balance today  **AND**  Disputes the balance | Proceed to [Disputing Balances](#DisputingBalances). |
| Dunning balance has been partially paid | I see payment for <$xx.xx> was received and credited to the account on <MM/DD/YYYY>. However, you still owe <$xx.xx> and to avoid being disenrolled at end of grace period you will need to pay <$xx.xx> by <MM/DD/YYYY>. As a reminder, payments are due the 1st of the month to avoid disenrollment notification. |
| Dunning balance has been fully paid | I see payment for <$xx.xx> was received and credited to the account on <MM/DD/YYYY>. Thank you for bringing the dunning balance of your account current. As a reminder, payments are due the 1st of the month. At this time, you may disregard the disenrollment notification. |
| Beneficiary has $0 balance | I see payment for <$xx.xx> was received and credited to the account on <MM/DD/YYYY>. Thank you for bringing your account fully current. As a reminder, payments are due the 1st of the month. At this time, you may disregard the disenrollment notification. |
| **2** | 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)

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| Beneficiary Received Dunning Letter 1 (yellow letter) AND Reminder Letter (pink letter) AND CALLING WITHIN the first 3 Business Days of the Month after the Dunning Due Date |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | On <MM/DD/YYYY> we sent you a letter <reminder letter> stating to avoid disenrollment <$xx.xx> was due by <MM/DD/YYYY>.  Since the required amount was not received by <MM/DD/YYY>, there is a potential that you will be disenrolled from the plan. Disenrollment would occur on the 3rd business day of the month. However, the disenrollment would be effective the 1st day after the due date listed on the letter. You are still responsible for your past due balance. However, payment will not ensure that you will not be disenrolled from the plan. **What was the reason that you were unable to make timely payment of your plan premium?**  **CCR Process Notes:** Based on beneficiary’s response, determine which of the following **2** (two) scenarios are applicable:   1. **IF** the beneficiary lists a circumstance that may constitute a Good Cause Reinstatement. Examples of circumstances that may constitute a Good Cause reinstatement include (routed through the plan): Serious Illness, Institutionalization, Hospitalization, Prolonged illness (not chronic), Complication, Rapid Deterioration, Recent Death of Spouse/Immediately Family member/Caregiver/Person living in the same household, Home damaged by fire/natural disaster, extreme weather related/public safety or state of emergency, **then** refer to [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). 2. **IF** the beneficiary **does not** list a circumstance that may constitute a Good Cause Reinstatement, **then** proceed with asking:   Would you like to pay the past due balance listed on letter? | |
| **If...** | **Then...** |
| Yes, would like to pay balance today | Proceed to [Payment Options](#_•_Payment_Options).  **CCR Process Note:** Due to the potential for disenrollment, the CCR should **not** solicit or enroll beneficiary currently in the disenrollment process on any AutoPay options. |
| No, does not want to pay balance today | I understand. As a reminder, Medicare requires that any Premium Billing balances due to any MED D plan MUST be paid before a new enrollment will be approved.  Proceed to **Step 2**. |
| Disputing Dunning/Disenrollment | Proceed to [Disputing Dunning Disenrollment](#_•_Disputing_Dunning/Disenrollment). |
| Disputing Balance | Proceed to [Disputing Balances](#DisputingBalances). |
| **2** | 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)

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| Beneficiary Received Dunning Letter 2 OR Dunning Letter 3 |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | On <MM/DD/YYYY> we sent you a letter <reminder letter> stating to avoid disenrollment, <$xx.xx> was due by <MM/DD/YYYY>. Because the Dunning grace period ended and the Dunning balance was not paid, the disenrollment process has started.  You can pay the full balance owed at this time, but it will **NOT** guarantee re-enrollment or reinstatement into the plan. As a reminder, Medicare requires that **any** premium billing balances due to **any** MED D plan **MUST** be paid before a new enrollment will be approved. **What was the reason that you were unable to make timely payment of your plan premium?**  **CCR Process Notes:** Based on beneficiary’s response, determine which of the following 2 scenarios are applicable:   * If the beneficiary lists a circumstance that may constitute a Good Cause Reinstatement. Examples of circumstances that may constitute a Good Cause reinstatement include (routed through the plan): Serious Illness, Institutionalization, Hospitalization, Prolonged illness (not chronic), Complication, Rapid Deterioration, Recent Death of Souse/Immediately Family member/Caregiver/Person living in the same household, Home damaged by fire/natural disaster, extreme weather related/public safety or state of emergency, **then** refer to [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). * **IF** the beneficiary **does not** list a circumstance that may constitute a Good Cause Reinstatement, **then** proceed with asking:   **CCR Process Note:** The beneficiary may qualify for a SEP for reenrollment. For example, if the beneficiary qualifies or has recently lost LIS (Extra Help) then CCRs must check the beneficiary’s account in the Medicare D Landing Page to verify if the beneficiary has LIS.   * If the beneficiary does have LIS and would like to reenroll into the plan, the CCR must complete enrollment so a new application can be submitted. * Refer to:   + [Compass MED D - Low Income Subsidy (LIS) Informational Overview (062987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e)   + [Compass MED D - Blue MedicareRx (NEJE) - Enrollment Portal (066452)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=da34f1cb-7925-4d56-8a30-5fc0738b4edd)   Would you like to make a payment today? | |
| **If...** | **Then...** |
| Yes, would like to pay balance today | Proceed to [Payment Options](#_•_Payment_Options).  Do **NOT** offer a request for Good Cause reinstatement unless the beneficiary states they have had an extenuating circumstance that prevented them from paying the amount due by the due date; refer to [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). |
| No, does not want to pay balance today | I understand. As a reminder, Medicare requires that any premium billing balances due to any MED D plan MUST be paid before a new enrollment will be approved.  Proceed to **Step 2**. |
| Disputing Dunning/Disenrollment | Proceed to [Disputing Dunning Disenrollment](#_•_Disputing_Dunning/Disenrollment). |
| Disputing Balance | Proceed to [Disputing Balances](#DisputingBalances). |
| **2** | 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)

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| Payment Options |

**** Ensure steps have already been followed within the appropriate section:

* [Beneficiary Received Dunning Letter 1 AND/OR Reminder Letter and is calling within the Dunning grace period](#_•_Beneficiary_Received)
* [Beneficiary Received Dunning Letter 1 AND Reminder Letter AND CALLING WITHIN the first 3 Business Days of the Month after the Dunning Due Date](#_•_Beneficiary_Received_1)
* [Beneficiary Received Dunning Letter 2 OR Dunning Letter 3](#_•_Beneficiary_Received_3)

Perform the following steps:

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| **Step** | **Action** | | |
| **1** | Verify the balance due in **Compass**; refer to the **Viewing Premium Balance** section of [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (066459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e6341b-d1ed-4b15-bd10-6eb6a3ed92a5).  **Reminder:** In order to view all payments and adjustments made to the beneficiary’s account, change the **Date Range** fields to the following:   * Start Date: 01/01/2006 * End Date: 12/31 of the current year   **CCR Process Note:** Reference the most recent Dunning letter received, viewable in **ONEclick™**.  **Example:** The Dunning Reminder Letter (pink letter) would include an updated balance if the beneficiary has made a partial payment since Dunning Letter #1 (yellow letter) was mailed. | | |
| **2** | I can assist you with placing your One-Time payment via Credit Card/Debit Card or E-check. | | |
| **If the beneficiary responds with...** | **Then…** | |
| **Credit Card/Debit Card** | Refer to [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).  Proceed to **Step 3**. | |
| **E-Check** | 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).  Proceed to **Step 3**. | |
| Does **NOT** want to make the payment over the phone with the CCR | You can also make a payment through one of the following options:   * + Mail in Payment   + IVR Payment   Which payment method can I provide more information on? | |
| **If the beneficiary responds with...** | **Then...** |
| **Mail in Payment** | * You can mail your personal check or money order for the past due premium balance to:   **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.**  Proceed to **Step 3**. |
| **IVR Payment** | 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**  Proceed to **Step 3**. |
| Does **NOT** want to make a payment today | I understand. If you do not pay the Dunning amount owed as stated in the Dunning letter(s) by <MM/DD/YYYY>, you will be at risk of being disenrolled from your Part D Prescription Drug Coverage.  Proceed to **Step 3**. | |
| **3** | For beneficiaries that have only received **Dunning Letter 1 (yellow letter) AND/OR Reminder letter (pink letter)**, offer Auto Payment options for future payment convenience, refer to[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).  **Note:** If beneficiary received **Dunning Letter 2 AND/OR 3** do NOT offer Auto Payment options, instead advise the following:  You can pay the full balance owed at this time, but it will **NOT** guarantee re-enrollment or reinstatement into the plan. As a reminder, Medicare requires that **any** premium billing balances due to **any** MED D plan **MUST** be paid before a new enrollment will be approved.  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)

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| Disputing Dunning/Disenrollment |

Prior to submitting the Support Task when a beneficiary is disputing their Dunning/Disenrollment, CCR’s must review the possible Plan Error scenarios listed below.

**Dunning/Disenrollment Support Task Scenarios:**

* + If the beneficiary claims to have made a recent payment, also ask for:
    - Recent payment amount.
    - Payment method.
    - If applicable, check number, date mailed, and whether it has cleared beneficiary’s bank account.
    - Confirm is payment was submitted and received before the Dunning Grace Period End Date.
  + If the beneficiary claims to have not received Invoices and/or Dunning Letters, also ask:
    - Did beneficiary contact plan before the Dunning Grace Period End Date to update address?
  + If the beneficiary claims to have contacted plan to setup Payment Plan before the Dunning Grace Period End Date.
  + If the beneficiary claims to have setup Automatic Payments before the Dunning Grace Period End Date.

**Reminder:** To submit this Support Task, the beneficiary **must** be disenrolled due to nonpayment of premiums. **DO NOT** Submit Support Task if the beneficiary is still active.

**Example:** If the beneficiary is making a promise to pay and/or advising Dunning payment has been mailed.

**Reminder:** Ensure you are reviewing the latest Dunning letter in ONEclick™ to view the Dunning Amount due and Grace Period End Date.

When the beneficiary is disputing the Dunning/Disenrollment follow the steps outlined below:

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| **Step** | **Action** |
| **1** | **CCR Process Note:** The Plan **must** review the beneficiary’s account when they dispute their Dunning/Disenrollment.   * Ensure beneficiary is disenrolled for non-payment of premiums prior to submitting Support Task. * Review latest Dunning Letter in **ONEclick**™ to view Dunning amount due and Grace Period End Date. * I am submitting a request to a representative that will be reviewing your disenrollment based on the information you have provided today. * A determination will be made **within 10 business days**. * You will be notified by letter if are reinstated into the plan. * You may contact Customer Care **after 10 business days** for information regarding the determination.   Once the above is verified, **Do NOT direct the beneficiary to call Medicare, instead** submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** DUNNING/DISENROLLMENT  **Task Notes:** Document the following:   * Beneficiary is disputing their Dunning/Disenrollment. * Detail exactly why the beneficiary believes they were disenrolled in error (list reason). * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  Do NOT copy and paste the above template in the Support Task, as there is limited space for notes in the task. Instead, list the reasons for the member’s dispute, with as much detail as possible for review.  Do NOT advise the member that they will receive a callback to advise them of the determination of the plan error review. The contact number is included in the task in case more information is needed from the member.  **Example:** If the beneficiary claims to have made a payment, the NEJE CCR should include details such as:   * Amount Disputed * Reason for Dispute * Check Number * Check Amount * Check Date * Date Check Cleared Bank   **CCR Process Note:** A task which simply says “Please Research” or “member insists on reinstatement” is **UNACCEPTABLE**. |
| **2** | 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)

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| Disputing Balances |

**Reminder:** Premium Billing Refund Request Support Tasks should **NOT** be submitted if the beneficiary was disenrolled due to non-payment of premiums and is now requesting a refund,

**Example:** Payment was sent in, but not received and posted by the disenrollment date stated in the Dunning Letter #2. Instead, educate the beneficiary on the following:

* The beneficiary truly owed this money, and it will not be refunded.
* The beneficiary **MUST** pay **any** premium billing balances previously owed to **any** MED D plan before a new enrollment will be approved.

**Exception:** If beneficiary was disenrolled and sent in an overpayment, then the beneficiary will be automatically refunded the overpayment.

When the beneficiary is disputing the Dunning balance follow the steps outlined below:

|  |  |
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| **Step** | **Action** |
| **1** | What reason are you disputing the outstanding balance?   * + If the beneficiary claims to have made a recent payment, also ask for:     - Recent payment amount.     - Payment method.     - If applicable, check number, date mailed, and whether it has cleared beneficiary’s bank account.   **CCR Process Note:** The Plan **must** review the beneficiary’s account when they dispute their balance. For this reason, **Do NOT direct the beneficiary to call Medicare, instead** submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** DUNNING/DISENROLLMENT  **Task Notes:** Document the following:   * **IBR007,** Beneficiary disputes having to pay the premium for outstanding balance due to (list reason). * Detail exactly what the beneficiary is disputing. * Beneficiary’s contact number.   **Note:**Fields containing an asterisk (\*) are required.  **Example:** If the beneficiary claims to have made a payment, the NEJE CCR should include details such as:   * + Amount Disputed   + Reason for Dispute   + Check Number   + Check Amount   + Check Date   + Date Check Cleared Bank   Do NOT copy and paste the above template in the Support Task, as there is limited space for notes in the task. Instead, list the reasons for the member’s dispute, with as much detail as possible for review.  Do NOT advise the member that they will receive a callback to advise them of the determination of the plan error review. The contact number is included in the task in case more information is needed from the member.  **CCR Process Note:** Support Task notes which simply say “Please Research” or “member insists on reinstatement” are **UNACCEPTABLE**. |
| **2** | 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)

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| Reinstatement/Re-enrollment Requests |

Typically, beneficiaries may enroll in a Medicare prescription drug plan **only** during the Annual Enrollment Period from **October 15** through **December 7** of each year. There are Special Election Periods that may allow the beneficiary to enroll in a Medicare prescription drug plan outside of this period.

If a beneficiary is requesting to be:

* **Reinstated**, refer to [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).
* **Re-enrolled** in the plan, refer to the applicable work instruction:
* [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP) (040036)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=23d6bdd2-b914-4dd9-bf92-05f5d0f1088a)
* [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)

**Note:** CMS guidance indicates that the beneficiary **MUST** pay **any** premium billing balances to **any** MED D plan before a new reinstatement/re-enrollment will be approved.

[Top of the Document](#_top)

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| Frequently Asked Questions |

The following table will assist the CCR in addressing Frequently Asked Questions regarding Premium Billing Dunning and Disputes inquiries. Dunning #1 is a yellow letter and Reminder letter is a pink letter.

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| **#** | **Question** | **Answer** |
| **1** | **When do I have to pay by so that I am not disenrolled?**  **What amount do I need to pay?** | You need to pay the entire amount listed in your Dunning letter by the date listed in the letter to avoid disenrollment.  **Note:** Refer to **ONEclick™**. |
| **2** | **Can you tell me what payment options are available?** | You can make a payment through the following options:   * + One-time payment via Credit Card/Debit Card/E-check.   + Mail in your payment.   **CCR Process Note:** Refer to the [Payment Options](#_•_Payment_Options) section of this document to take a payment. |
| **3** | **I can’t afford to pay my balance. I don’t want to be disenrolled. What can I do?**  **OR**  **I received a letter that I am past due with my MED D monthly premium. Can I set up a Payment Plan for this amount?** | **CCR Process Note:** Payment Plans should **only** be established for beneficiaries who are past due with their MED D monthly premiums.  You have the option to set up a payment plan. The payment plan consists of paying a portion of your past due balance each month along with your monthly premium and any Late Enrollment Penalty you may owe. In order to avoid disenrollment, you must pay according to the terms of your payment plan agreement. I’d be happy to set up a payment plan for you now.  **CCR Process Note:** Refer to [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans (066464)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1074405-2b6e-4289-b36c-eb8290142646). |
| **4** | **I never use your plan so I’m not paying for it.** | I understand. If you do not pay, you may be disenrolled for failure to pay your premiums and will be without prescription drug coverage. Please note, if you go without prescription drug coverage for more than 63 days, you will be charged a Late Enrollment Penalty (LEP) when you re-enroll in any Part D plan. |
| **5** | **I didn’t receive a letter in the mail saying I was past due.** | **CCR Process Note:** Locate the Dunning letter(s) in **ONEclick™**.  Our records show the letter was mailed on <MM/DD/YYYY> to the following address: <insert address here>.   * The letter is sent within a windowed envelope; your mailing address would be visible through the plastic window. * Dunning #1 is a yellow letter/envelope and Reminder letter is a pink letter/envelope. * The return address is from **New England Joint Enterprise** with the logo in larger print. * “**ATTENTION: Important Plan Information**” is printed on the front of the envelope in red.   **CCR Process Note:** If the letter was sent to the incorrect address, then verify address on account and update if applicable. Refer to [Compass MED D - Address Changes and Out of Area (OOA) (061760)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183). |
| **6** | **I received a letter in the mail, and I don’t understand why it says I am past due.** | You received a letter stating you may be disenrolled for failure to pay premiums because we did not receive your premium payment by the required due date.  Not paying your premium by the required due date puts you in jeopardy of possibly being disenrolled from the plan. To avoid disenrollment, you need to pay the amount listed in the letter by the end of the grace period also listed in the letter. |
| **7** | **I received a letter that says I owe a different amount than my last invoice. Which amount do I pay?** | Please pay the entire amount listed in the Dunning Letter #1 (yellow letter) or Dunning Reminder Letter (pink letter) by the end of the grace period. This is the amount due to avoid disenrollment. |
| **8** | **If I sign up for Social Security Withholding, will that cover my past due balance?** | No. Premiums owed prior to the effective date for Social Security Withholding will not be paid through deductions from your Social Security benefit. The beneficiary is responsible for paying any premiums due prior to Social Security Withholding taking effect. |
| **9** | **Can I re-enroll next year?** | Yes. However, you must pay all past due balances from the previous year before enrollment will become effective and you may have to pay a late enrollment penalty. |
| **10** | **What if the beneficiary is disputing the disenrollment?** | Refer to [Disputing Dunning/Disenrollment](#_Disputing_Dunning/Disenrollment). |
| **11** | **What if the beneficiary is disputing the balance?** | Refer to [Disputing Balances](#_All_Other_Non-100%). |
| **12** | **I received a letter stating I was disenrolled because I didn’t pay my premium.**  **But now I want to pay and re-enroll in the plan.** | Refer to [Reinstatement/Re-enrollment Requests](#_Reinstatement/_Re-enrollment_Reques). |
| **13** | **I received a letter regarding potential disenrollment for non-payment. I did not pay by the Due Date, but I was not disenrolled from the plan. I would like to be disenrolled.** | There are certain reasons a beneficiary may not be disenrolled from the plan after receiving possible disenrollment notification. Please allow our Premium Billing department to research the reason why you were not disenrolled. Once the research has been completed, we will contact you to provide you with additional information.  **CCR Process Note:** Escalate to Senior or Supervisor, who will submit an Escalation E-mail to Premium Billing at [PBMMedDBilling@CVSHealth.com](mailto:PBMMedDBilling@CVSHealth.com). The email must include the beneficiary’s name, Member ID, and details of the issue. |

[Top of the Document](#_top)

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| Resolution Time |

Resolution times vary by the specific situation. Refer to the **Premium Billing Processing Times** section in [Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (066459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e6341b-d1ed-4b15-bd10-6eb6a3ed92a5) and [Compass - Support Task Types and Uses (056365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1).

[Top of the Document](#_top)

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| Related Documents |

[Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

[Compass MED D - Blue MedicareRx (NEJE) - Premium Billing General Information, Processes, & Document Index (066459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e6341b-d1ed-4b15-bd10-6eb6a3ed92a5)

**Grievance Standard Verbiage:** Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in [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)

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