# Compass MED D - Blue MedicareRx (NEJE) - Premium Billing Payment Plans

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**Description:** Provides the MED D Customer Care Representative (CCR) with details necessary to assist the MED D beneficiary with Payment Plans.

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| Reminders |

Occasionally a Blue Medicare RX MED D beneficiary will request a Payment Plan in order to assist with a past due balance.

* Any active beneficiary may request a Payment Plan.
  + Active beneficiaries who are past due with their MED D monthly premiums can request Payment Plans.
  + Monthly premiums are due by the due date listed on the invoice for that month’s premium.
  + To view the beneficiary’s specific Due Date, access his/her actual invoice in ONEclick.
* A beneficiary can only have **1** Payment Plan per plan year.
* All Payment Plans are **4** months in length.
  + The beneficiary will be required to make one fourth of the current balance, on top of any payment that becomes due.
  + If a beneficiary is able to pay off the previous balance sooner than 4 months, they are allowed to do so.
* Inform the beneficiary that this will prevent any Dunning and Disenrollment to occur as long as they are within the parameters of the Payment Plan; if payment is missed or is late, the beneficiary will be susceptible to the Dunning Process up to and including Disenrollment.

**Note:** You **must** advise the beneficiary of the parameters of the Payment Plan: **Current balance divided by 4, plus current month’s premium**.

**Exceptions:**

* Payment Plans are **NOT** available for the following beneficiaries:
  + With automatic credit card (RCD), automatic bank withdrawal (EFT).
  + With 100% LIS and no premium due.
  + No longer enrolled in the plan.

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| Blue MedicareRx Payment Plan Process |

When the beneficiary requests a Payment Plan for the Premium Billing balance, the Blue MedicareRx MED D Care 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 [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). | | |
| **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 7**. | |
| **2** | Click on the **Premium Billing** tab on 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 in the middle of the screen. | | |
| **If the beneficiary does…** | **Then…** | |
| Have a Payment Plan | A Payment Plan has already been established for your account. You should have received a letter confirming this information.  **CCR Process Notes:**   * Advise the beneficiary of the **Begin Date**, the **Amount** (in addition to the beneficiary’s monthly premium), and any related comments about the Payment Plan. * The letter can be located within **ONEclick**.   Skip to **Step 7**. | |
| **NOT** have a Payment Plan | Proceed to **Step 3**. | |
| Have an existing Payment Plan that is **closed** | Determine what year the Payment Plan was opened. | |
| **If the Payment Plan was…** | **Then…** |
| Opened in the **previous** plan year | Proceed to **Step 3**. |
| Opened in the **current** plan year | Unfortunately, you have previously had a Payment Plan established on your account. Payments Plans are available once per plan year. We cannot setup another Payment Plan at this time. You should have received a letter confirming this information.  **CCR Process Note:** Advise the beneficiary of the **End Date** and any related comments about the Payment Plan. Advise the beneficiary they should refer to the Payment Plan Closure letter they received in the mail explaining their Payment Plan has been closed due to nonpayment or successful completion, and they may only have one Payment Plan per plan year.  Skip to **Step 7**. |
| **3** | Determine the balance owed;refer to the **Viewing Premium Balance** 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).  **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. 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. | | |
| **If the beneficiary can…** | **Then…** | |
| Pay current balance divided by **4** monthly premiums (and LEP if applicable) within a **4** month term | Identify the beneficiary’s current payment method:   * From the **Member Snapshot Landing Page** in **Compass**, click the **Medicare D Landing Page**. * Click the **Premium Billing** tab, the **Date Range** will automatically populate in the **Billing History** section. * The user **must** change the **End Date Range** field to the end of the next year (**Example:** **12/31/2024**). * Scroll down to the **Billing Cycle & Payment Method** section. * Verify the **Stock ID**. | |
| **If the beneficiary’s current payment method is…** | **Then…** |
| EFT (Automatic Bank Withdrawal)  **OR**  RCD (Recurring Credit Card) | Payment Plans are **not** available for beneficiaries who are enrolled in EFT or RCD.  **Note:** However, if the beneficiary still wants a payment plan, they will need to be switched from EFT/RCD to INV. 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 [Compass MED D - Blue MedicareRx (NEJE) Premium Billing E-CheckEFT Single-Sign-On (SSO) Processes (066478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfab5ae2-a27a-4504-a84f-3a408367d032).  If the beneficiary’s PWO is RCD, 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).  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 <**$XX.XX**>. You should receive a payment plan confirmation letter. Your first payment with this Payment Plan will be due:   * + Upon receipt of your next invoice.   + Ongoing payments will be due every month thereafter.   Submit the following Support Task:  **Task Type:** Premium Billing Inquiry Medicare D  **Complete all required and applicable fields**  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay <**$XX.XX**>in addition to the monthly premium <**$XX.XX**>, for a total of <**$XX.XX**>. * Beneficiary’s contact number.   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), SSA or RRB | OK. The Payment Plan we have agreed to is your current balance divided by **4** plus the monthly premium and LEP (if applicable). The total payment due each month will be **<$XX.XX>**.   * (Premium and LEP (if applicable) plus additional amount). * Double check your calculations to make sure they are correct.   **Important:** Beneficiaries who request their premiums to be withheld from SSA/RRB will still owe the previous balance prior to the start date of withholding.  Proceed to **Step 5**. |
| Fully Subsidized LIS (with past due balance) | The Payment Plan we have agreed to is your current balance divided by 4. The total payment due each month will be **<$XX.XX>**.   * Double check your calculations to make sure they are correct.   Proceed to **Step 5**. |
| **NOT** pay Current balance divided by **4** monthly premiums (and LEP if applicable) within the 4 month term | I understand. Unfortunately, I cannot set up a Payment Plan for you at this time. Please call us back if you change your mind.  From the Medicare D Landing Page, add the following **Medicare D Alert** and then skip to **Step 7**.   * Refer to [Compass MED D - Medicare D Alerts (061749)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7f5d83d4-94b0-4a59-9b40-3e9ce8b08b62) as needed.   **Category:** Premium Billing  **Sub-Category:** Payment Plan  **Amount:** Enter what the beneficiary offered to pay **<$XX.XX>** in addition to their monthly premium and LEP (if applicable).  The following will be auto populated based on the information entered:  “The beneficiary offered to pay **<$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.”     * Click **Cancel** to exit alert. * Click **Save** to add alert. | |
| **5** | Your first payment with this Payment Plan will be due:   * Within 30 days of the Payment Plan effective date. * Ongoing payments will be due every month thereafter. | | |
| 6 | Submit the following Support Task:  Do **not** submit a Support Task without including the below **Task Notes**. The Support Task Notes must contain the amount the beneficiary agrees to pay, in addition to his or her premium and LEP (if applicable), per month.  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** PAYMENT PLAN  **Task Notes:** Document the following:   * The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay the current balance of **<$XX.XX>** divided by **4** in addition to the monthly premium of **<$XX.XX>**, for a total of **<$XX.XX>**. The initial payment was/will be made on <MM/DD/YYYY>. * Beneficiary’s contact number.   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. | | |
| **7** | 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 MED D - Call Documentation (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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| **Number#** | **Question** | **Answers** |
| **1** | **What is the lowest amount I can pay per month?** | The lowest amount you can pay per month is the current balance divided by **4** monthly premiums plus the monthly premium (and LEP if applicable) within a 4-month term. |
| **2** | **How much am I required to pay with the Payment Plan?** | The lowest amount you can pay per month is the current balance divided by **4** monthly premiums (and LEP if applicable) within a 4-month term. You can pay more if you like; for example, you can pay in 3 months instead of 4 as long as you are current after that third month. |
| **3** | **Can I set up a Payment Plan for my past due balance even if I have SSA/RRB withholding?** | Yes, as long as you follow the Payment Plan requirements.  Beneficiaries who request their premiums to be withheld from SSA/RRB will still owe the previous balance prior to the start date of withholding. |
| **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.  **CCR Process 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. * If a beneficiary states they cannot decide what they can afford, advise the beneficiary call back when s/he knows what they can afford. DO NOT submit a Support Task requesting a callback to the beneficiary. |
| **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:** However, if the beneficiary still wants a payment plan, they will need to be switched from EFT/RCD to INV. You MUST cancel the beneficiary’s automatic payment method BEFORE sending an Support Task for a Payment Plan. |
| **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 a Promise to Pay/Plan to pay?** | **CCR Process Note:** Promising to pay a balance does **not** exclude the beneficary from disenrollment.   * If the beneficiary pays the amount due on their Dunning Letter **after** the due date, the beneficiary is at risk of being disenrolled. * 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:   * Total current balance due on the account divided by **4** plus the monthly premium and LEP (if applicable) * Must be active in plan * Request must be received prior to dunning disenrollment date * No prior Payment Plan with a current year effective date. * INV – Stock ID * **Example:** Member’s balance due is **$443.30**. Member’s standard monthly premium is **$40.30** per month. Member’s minimum Payment Plan amount will be **$151.13** per month. |
| **8** | **Can I change my Payment Plan amount?** | No, Payment Plan amounts cannot be changed once they are set up and effective. |
| **9** | **What is the correct phrasing for a Payment Plan, which should be in the Payment Plan Support Task Notes?** | “The beneficiary has agreed to a Payment Plan. The beneficiary has agreed to pay the current balance of **<$XX.XX>** divided by **4** in addition to the monthly premium of **<$XX.XX>**, for a total of **<$XX.XX>**. The initial payment was/will be made on <MM/DD/YYYY>.”  You **must** write the correct monthly premium and the amount the beneficiary agrees to pay within the Support Task. |
| **10** | **Can I make a payment now?** | You can pay by mailing in a personal check or making a One Time credit card payment over the phone. Monthly automatic/recurring payments are not an option. |

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| Resolution Time |

Resolution times vary by the specific situation. Refer to the **Premium Billing Processing Time** 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).

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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)t](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)

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