Job Aid for Salesforce Case Comments & Chatter for Patient Support Center

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CONTENTS

1. PURPOSE AND SCOPE

This document is for the Company Patient Support Center (PSC) Intake Specialist, Patient Navigator, Care Navigator, Reimbursement Specialist, and Field Roles (ADAR and ARM). The Job Aid has been created for how and when to use the Case Comments and Chatter functionalities in Salesforce.

To provide communication guidelines when using Chatter for case communications between the PSC Reimbursement Specialist (RS), Care Navigator (CN)/Patient Navigator (PN), Intake Specialist (IS), and CPS ADAR/ARM roles. The guidelines are intended to support consistency in the use of chatter for PSC patient case communication. The job aid provides case comment and chatter "dos and don'ts" and is a reference tool for use during training, coaching and quality monitoring of the case when conducted by the CPS Performance Excellence Analyst.

2. TRAINING

CPS Role
PSC Intake Specialist
Drug B Care Navigator
PSC Reimbursement Specialist
Drug D/Drug E Patient Navigator
Drug B Access & Reimbursement Manager (ARM)
Drug B/Drug D/Drug E Associate Director, Access & Reimbursement (ADAR)
Performance Excellence Analyst supporting Drug B, Drug D, and/or Drug E

NOTES:
- *The following case comments and chatters are examples and are not inclusive of all potential scenarios*
- *Content in brackets is subject to change or omission based on the scenario*

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3. GUIDANCE FOR CASE COMMENTS & CHATTER (ALL ROLES)

Case Comments:	
DO:	**DO NOT:**
- Document information relevant to the case - Case Comments saved in child cases will display in both the child case and the Inbound Parent case linked to those child cases	- Use as a communication method between Salesforce Users - Document any Protected Health Information (PHI) **What is considered PHI?:** Any unique identifier that can be linked to a patient and/or caregiver. i.e., Patient and/or Caregiver first and/or last name, date of birth, address, phone number, email, Insurance ID, Co-pay ID - Document any details regarding a PAE/PTC report (use the PVI tool as trained for reporting)
Chatter:	
DO:	**DO NOT:**
- Use to collaborate about a case with team members - Use to ask timely clarifying questions on a case that are not already listed in tasks or case comments - Chatter from the Inbound Parent Case that is attached to an Inbound Document Case - Use to alert a case owner of any updates or actions taken and/or to be completed regarding their case - Alert when a new case has been assigned - Tag the individual every time you reply to a chatter	- Use as an escalation between the PSC and ARMs/ADARs, as escalations are created using Task Manager - Use as an everyday communication tool pertaining to information not associated to a patient case - Use for any PAE/PTC details (use the PVI tool as trained for reporting) - Include any Protected Health Information (PHI) **What is considered PHI?:** Any unique identifier that can be linked to a patient and/or caregiver. i.e., Patient and/or Caregiver first and/or last name, date of birth, address, phone number, email, Insurance ID, Co-pay ID

4. INTAKE SPECIALIST (IS)

4.1 IS: CASE COMMENTS

Step #	Action
1	IS receives and processes a new Inbound Document case
2	IS adds appropriate case comments. Case Comments can be added in either the "Internal Comments" field or in the "Case Comments" section.

IF	THEN
IS documents chatter communication to the CN/PN	IS copy and pastes the chatter communication in the case comments on the Inbound Parent Case
IS completes a profile update	Received inbound document and updated the [patient's, caregiver's and/or HCP's] [note any fields that were updated], as information was [incorrect or missing].
IS reports a PAE in the PVI tool	PAE identified on the Start Form, submitted via the PVI tool, and received confirmation email. [PVI#]

4.2 IS: CHATTER

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Step #	Action
1	IS receives and processes a new Inbound Document case
2	IS determines which CN/PN is or should be assigned using the CN and ADAR/ARM look-up spreadsheet (if an owner is not assigned by the system automatically)
3	IS navigates to the Inbound Parent Case, clicks the "Chatter" tab and drafts the message in the "Share an update..." field:

IF	THEN
IS receives an inbound document for a new patient:	@CN/PN'sName New case received and is awaiting acceptance from the New Parent Case CN queue. [Start Form was received for IV formulation of Drug B]* [Case has been re-assigned as [CN/PN Name] is out of office] [Missing Information: list out in bullet points] [PAE Reported] *If any Start Forms are received for Drug B IV, the IS should additionally chatter the ADAR/ARM*
IS receives an inbound document for an existing patient:	@CN/PN'sName Additional [duplicate] document received and attached. [Case has been re-assigned as [CN/PN Name] is out of office] [Missing Information: list out in bullet points] [Missing Information Updated: list out in bullet points] [PAE Reported] *If case is related to a Drug B IV patient, the IS additionally chatters the ADAR/ARM*
IS receives an inbound document, after a case was closed:	@CN/PN'sName New case received, additional [duplicate] document received after case was closed, it is awaiting acceptance from the New Parent Case queue. [Case has been re-assigned as [CN/PN's Name] is out of office] [Missing Information: list out in bullet points] [Missing Information Updated: list out in bullet points] [PAE Reported]

5. CARE NAVIGATOR (CN) / PATIENT NAVIGATOR (PN)

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5.1 CN/PN: CASE COMMENTS

Step #	Action
1	CN/PN adds appropriate case comments. Case Comments can be added in either the "Internal Comments" field or in the "Case Comments" section.

IF	THEN
CN/PN reports a PAE in the PVI tool	PAE submitted via the PVI tool, and received confirmation email. [Transferred to or mailed] PI and transferred to ISI. [PVI#]
CN/PN receives a general inquiry	[Caller Type] called in regards to [reason for call]. I reviewed [items reviewed]. [[Transferred to or mailed PI] and [transferred to ISI]].
CN/PN receives an inbound call for a co-pay, adherence, FTO (Drug E/Drug D Only), and/or sharps container (Drug B Only) enrollment	[Patient or Caregiver] called to [insert reason for call]. *Examples depending on reason for call:* Successful enrollment in [FTO, co-pay, adherence and/or sharps container]. [Adherence program was offered and patient opted-in or opted-out.] [Caller confirmed they have private or commercial insurance and are eligible for the co-pay.] [Caller opted to receive co-pay details verbally, via SMS and/or email.] [Transferred to or mailed] PI and transferred to ISI.
CN/PN completes a profile update	[[Spoke with the patient] or [Received Inbound Document]] and updated the [patient's, caregiver's or HCP's] [note any fields that were updated], as information was [incorrect or missing]. [[Transferred to or mailed PI] and [transferred to ISI]].
CN/PN reviews case and patient situation and then transfers to CPAF	Spoke with [patient or caregiver] and they expressed financial hardship. [The patient is not eligible for the [co-pay and/or Bridge/CYC] program due to [insert ineligibility reason].] [The patient advised that the co-pay card will not cover their out-of-pocket expenses for the remainder of the calendar year.] I provided the [phone number and/or website] for CPAF [cold transferred and/or faxed CPAF referral and Start Form.] [[Transferred to or mailed PI] and [transferred to ISI]].
CN/PN reviews and transfers to CIC	Spoke with [caller type] and they requested [insert item(s) requested]. I provided the CIC phone number, connected with [CIC Representative Name] at the CIC and warm transferred. [CIC Reference#] [[Transferred to or mailed PI] and [transferred to ISI]].
CN/PN transfers to IQVIA	Spoke with [caller type] and they were looking for additional assistance with [reason they need to be connected with

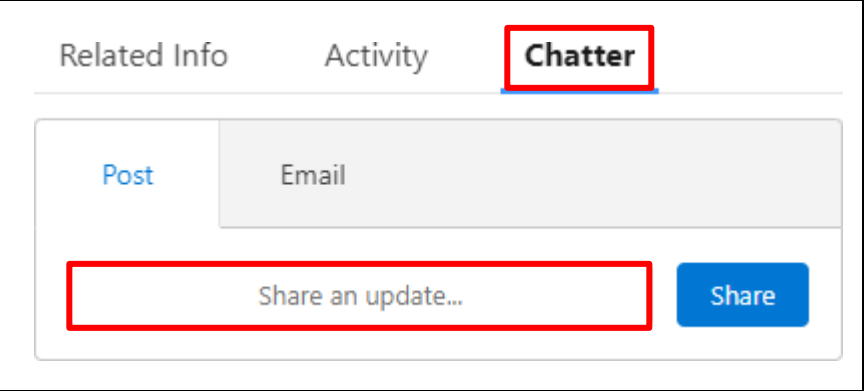|	
	IQVIA]. [What information you reviewed or provided to the caller before referring to IQVIA.] I connected with [IQVIA Representative Name] at IQVIA and warm transferred. [Representative was advised that the caller needed to be transferred to ISI after the call.]
CN/PN transfers to RxCrossroads	Spoke with [caller type] and they requested [reason for transfer]. I confirmed in [CRM or Salesforce] that the patient is actively enrolled in [CYC / Program]. I connected with [RxCrossroads Representative Name] at RxCrossroads and warm transferred. [Representative was advised that the caller needed to be transferred to ISI after the call.]
CN/PN faxes and/or calls the HCP	[Attempt #: X] [Called or Faxed] HCP at [time and date] to advise of [reason for call or fax], [left a voicemail].
A Patient or Caregiver is called, emailed and/or texted	[Attempt #: X] [Called, emailed and/or texted] the [patient or caregiver] at [time and date] to advise of [reason for call, email and/or text]. [[Transferred to or mailed PI] and [transferred to ISI]]. -OR- [Left a voicemail.]
CN/PN receives a case with Missing Information	[Faxed HCP at [time and date] to advise of MI.] Missing Information Includes: [list out missing information] *Case Comments should be saved in the Missing Information case*
CN/PN conducts a non-promotional/transactional Welcome Call to the patient or caregiver	[Attempt #: X] Called [patient or caregiver] at [time and date] for Welcome Call and advised of [Missing Information, BV or CE results, Enrollments and/or Triage]. [[Transferred to or mailed PI] and [transferred to ISI]]. *For BV & CE tasks, case comments should be saved in the case comments section*

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CN/PN reviews BV and/or CE outcomes with the patient or caregiver, if non-promotional/transactional call was previously completed	[Attempt #: X] Called [patient or caregiver] at [time and date] to relay [BV and/or CE] results: [BV and/or CE results], [enrollments and/or triage]. [[Transferred to or mailed PI] and [transferred to ISI]]. *For BV & CE tasks, case comments should be saved in the case comments section*
CN/PN completes a Start Form enrollment for co-pay, adherence and/or sharps container (Drug B Only) enrollment	Based on [BV or CE] outcome and Start Form consents, patient is eligible for and was successfully enrolled in [co-pay, adherence and/or sharps container].
CN/PN commercially triages the patient	Patient triaged [date and time] and [faxed HCP the Triaged to Pharmacy fax]. *Case Comments should be saved in the Triage case*
CN/PN manually triages the patient	Patient manually triaged [date and time] [reason for manually triaging] and [faxed HCP the Triaged to Pharmacy fax]. *Case Comments should be saved in the Triage case*
Escalated a case to an ARM/ADAR	Case was escalated to ARM/ADAR: [ARM/ADAR Name] due to [reason for escalation] on [date of escalation]. *Escalations are sent through Task Manager*
Office is no call or no fax	HCP's office is [no call and/or no fax], this case has been escalated to the ARM/ADAR: [ARM/ADAR Name] to follow-up on [action item requested].
CN/PN receives a call regarding another CN/PN's open inbound document parent case	In the inbound phone case: [Caller Type] called in regards to [reason for call] [recap call and if the Case owner needs to take any action OR if call was transferred to the Case owner]. Chattered [CN/PN]. [Reference Inbound Start Form Parent Case#] In the Start Form inbound parent case: [Caller Type] called in regards to [reason for call] [recap call and if the Case owner needs to take any action OR if call was transferred to the Case owner]. Chattered [CN/PN]. [Reference Inbound Phone Case#]

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5.2 CN/PN: CHATTER

Step #	Action
	Note: The CN should be chattering the ADAR/ARM anytime there is an update with a Drug B IV case
1	CN/PN navigates to the Inbound Parent Case linked to the Inbound Document case(s), clicks the "Chatter" tab and drafts the message in the "Share an update..." field:

IF	THEN
CN/PN takes a call for another CN's case	@CN/PN'sName Spoke with [caller type] and [recap call and if the CN needs to take any action]
CN/PN needs to request for cases and/or tasks to be re-assigned	@TL/AD'sName Please re-assign [Case# and/or Task#] to me, as I am actively working the [case(s) and/or task(s)], and am not currently the owner.
CN/PN needs to request for a Coverage Exception case to be opened	@RS'sName HCP confirmed the [Coverage Exception Type] has been submitted if you would please open a [Coverage Exception Type] case and follow-up with the payer.
CN/PN needs to request for a fax to be re-sent by the RS (i.e., Summary of Benefits (SOB), Prior Authorization form, Appeal Requirements, etc.)	@RS'sName Spoke with the HCP and they requested you re-send the [fax name] fax, if you would please re-send to [HCP's fax number] and confirm once it is completed.
CN/PN is unable to answer an inquiry regarding a Benefit Verification (BV) or Coverage Exception (CE) case and the information is not found in the case comments and/or faxes	@RS'sName Spoke with the [caller type] and they are looking for additional information regarding [request information] if you would please advise.
CN/PN is unable to determine if there is a preferred or mandated Specialty Pharmacy, the patient's co-pay or the Coverage Exception (CE) outcome, as it is not listed in the case comments and/or faxes	@RS'sName Unable to locate the [item missing], if you would please advise, so I can proceed with the case.
CN/PN following up on an escalation to the ARM/ADAR	@ARM/ADAR'sName Following up on if you were able to get in touch with the HCP's office regarding [escalation request] and have an update, please advise.
CN/PN needs to confirm or request an HCP's Phone and/or Fax Number	@ARM/ADAR'sName Please confirm [HCP & Facility Names] [phone and/or fax numbers].

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REFERENCE & RELATED DOCUMENTS

Document #	Name
WPD-PSS-CEC-018	CPS Patient Support Center - ISI & PI Transfer Guidance

*List of documents is current as of Effective date of this Work Instruction. Documents may have changed.