

Steps:	Details
De-escalation	When a caller asks to speak to a Supervisor/Manager, agent should try to offer assistance by deescalating the call at least twice before asking assistance but if patient insist agent must seek assistance to their supports immediately.
	<ul> <li>If the call is placed on hold while seeking assistance, it should be no longer than 2 mins. If additional time is needed, ask permission from the caller, and set proper expectation before placing the call on hold again.</li> <li>Enter the account details on the escalation MS Teams chat immediately. Agent will need to explain the scenario to the Supervisor during warm transfer.</li> <li>Don'ts         <ul> <li>Do not offer supervisor callback unless advised by supports. When callback is offered make sure to ask the callback number and best time to call.</li> <li>DO NOT PUT THE CALL ON HOLD FOR ACCOUNT DOCUMENTATION/CALL TRACKING.</li> </ul> </li> </ul>
	<ul> <li>ALWAYS provide and reiterate what we CAN and CANNOT do if the caller insists on getting an immediate resolution and it's out of our scope.</li> <li>Utilize these suggested spiels:         <ul> <li>My supervisor is currently engaged on a call but since you have me on the line, I am more than happy to help you with your concern.</li> <li>I understand that you'd like to speak with my supervisor but is it okay to pull up your account first before we proceed?</li> <li>I'll be able to connect you but as per PROTOCOL we need to get your information first before connecting you with my supervisor.</li> <li>I checked this along with my supervisor and here's what we can do</li> <li>Refrain from using phrases such as:</li></ul></li></ul>

## SAMPLE CALL SCENARIOS

## I. ON SET SUPERVISOR CALL

- Onset of the call and caller ask to speak to a supervisor (No specific supervisor's name provided) and doesn't want assistance nor give any information the agent must:
  - Follow the HIPAA verification process and inform the patient that as per *PROTOCOL*, they need to provide the information before transferring the call. (Reminder: The word *PROTOCOL* must be audible on the recording.)
  - If the patient provides the details, check the recent notes to see if the patient has recent contact with Duly. If yes, try to verify if that's the reason of the call and assist further if patient agrees.
  - If the patient refused assistance, agent must inform their support about the scenario and let them know the PROTOCOL has been followed but patient insists on getting a supervisor.
- Onset of the call and caller ask to speak to a SPECIFIC SUPERVISOR and doesn't want assistance nor give any information the agent must:
  - Follow the HIPAA verification process and inform the patient that as per *PROTOCOL*, they need to provide the information before transferring the call. (Reminder: The word *PROTOCOL* must be audible on the recording.)
  - If the patient provides the details, check the recent notes to see if the
    patient has recent contact with Duly. If yes, try to verify if that's the reason
    of the call and assist further if patient agrees.
  - If the patient declines, agent needs to check if the REQUESTED supervisor
    is available to take the take call but if not, agent needs to ask the caller if
    they would like to be assisted by another supervisor and transfer the call if
    caller agrees. If not, agent needs to send an escalation email to the
    intended support for a callback request.

## II. ANY OTHER TYPE OF ESCALATED CALL

➤ If the agent was able to assist the caller yet it resulted as an escalation call, she/he needs to seek immediate assistance to supports team thru personal or MS team's chat. DO NOT PUT THE CALL ON HOLD FOR ACCOUNT DOCUMENTION/CALL TRACKING, IMMEDIATELY NOTIFY YOUR SUPPORTS FOR ANY ESCALATED CALL.

## **REMINDER:**

ALWAYS FOLLOW THE GUIDELINES ABOVE. FAILURE TO DO SO WILL MERIT AN NTE FROM YOUR SUPERVISORS.