**MED D - Blue MedicareRx SQM**

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| Overview |

This document will provide the Blue MedicareRx Customer Care Representative (CCR) with details on achieving better results on the SQM Satisfaction Survey. The survey measures Satisfaction/First Call Resolution (This is not related to FCR grievances) and One Contact Resolution on every call.

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| What is SQM? |

SQM Group is an independent customer experience research firm. SQM performs [live](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=67702a0d-d72a-420d-945c-85c6c50bade3) and [IVR](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92c20dba-a0ad-44dc-98b4-aa2e680bfff1) surveys to beneficiaries that have contacted Customer Care. Surveys are done 1-3 days after the contact. The survey will measure the beneficiaries’ overall satisfaction with both the Customer Care Representative and the call center as a whole.

Additionally, SQM measures the beneficiaries’ perception as to whether or not their issue was resolved by the CCR during their initial call into the call center (First Call Resolution - not related to FCR grievances). The survey call will last about 5-6 minutes. Every month, 150 live surveys are completed at random and each CCR will have a total of 5 IVR surveys conducted on their calls each month. The goal for Customer Care is to achieve a First Call Resolution score of 75% assessed on the live surveys only.

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| Why is SQM so Important? |

* Our goal is to avoid having our beneficiaries make multiple calls to resolve one issue.
* To promote First Call Resolution, Concierge Service should be performed on each and every call. Concierge Service includes:
  + Taking beneficiaries out of the loop - Taking an issue completely out of a beneficiary’s hands whenever possible (i.e., contacting prescribers and/or pharmacies on the beneficiary’s behalf).
  + Assure beneficiaries have the tools and understanding to avoid issues in the future.
  + First Call Resolution - Completely and accurately resolving a beneficiary’s issue during the first point of contact. The goal is First Call Resolution on each and every call.
  + Research/Follow-up - Taking ownership of the issue, fully researching, following through, and assuring complete and accurate documentation within plan systems. Communicating and adhering to appropriate timeframes.
    - Identify which plan a beneficiary is in (Value Plus, Premier, or EGWP)
    - Utilize the plan design matrix and formulary as appropriate
  + Proactive Plan Education - Asking productive questions. Providing guidance and education on how a beneficiary’s plan works. Anticipate questions that beneficiary may not know that they need to ask.
    - Fully educate beneficiary on deductible and/or coverage gap to avoid return calls

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| SQM and You |

It is the CCR’s responsibility to take ownership and control of the call to address all concerns during the beneficiary’s initial contact with Customer Care.

* Professional tone and actions
* Treating the caller as if they are one of your loved ones, remember to be empathic.
* Remember to display patience when explaining what is needed or what you are doing to resolve the beneficiary’s issue.
* Take the beneficiary out of the loop – take the extra step to fully resolve all issues during the beneficiary’s initial call into Customer Care.

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| Survey Questions |

Below is a sampling of questions that beneficiaries will be asked on the survey call. To review all survey questions, refer to [SQM Live Survey Questions](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=67702a0d-d72a-420d-945c-85c6c50bade3) and [SQM IVR Survey Questions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92c20dba-a0ad-44dc-98b4-aa2e680bfff1).

What was the main reason for your initial call to the call center?

1. Based on your last call to Blue Medicare Rx, overall how satisfied are you with their call center?
2. Did Blue Medicare Rx’s call center resolve your inquiry?
3. Did you try to resolve your inquiry by contacting Blue Medicare Rx in any other way, such as their website?
4. When you used more than one contact method trying to resolve your inquiry, did you have to start your interaction over again or was it a seamless experience?
5. Overall how did you feel about your entire experience trying to resolve your inquiry? Would you say it was:
   1. Very Satisfied
   2. Somewhat Satisfied
   3. Somewhat Dissatisfied
   4. Or, Very Dissatisfied
6. Thinking about your entire experience as a customer of Blue Medicare Rx, how would you rate your overall customer experience?
7. Would you like someone from Blue Medicare Rx to contact you to help you with your inquiry?

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| Call Flow Process |

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

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| First Call Resolution Best Practices |

* Treat the beneficiary with respect, courtesy, and empathy
* Speak to the beneficiary in the same manner in which you would want to be spoken to
* Remain professional at all times
* Research and use all resources to assist the beneficiary
* Review previous calls to see if this is an ongoing problem
* Reach out to other departments when needed to resolve the call
* Take all action steps that you would want taken if you were in the beneficiary’s situation
* Provide complete and accurate information
* Be clear with the resolution, make sure the beneficiary understands how the issue was resolved/completed and any steps to avoid repeat issues in the future
* Don’t hesitate to call external resources on the beneficiary’s behalf including.
  + Doctors’ office for questions on a new prescription request, prescription refill or Formulary Exception/Prior Authorization
  + Local pharmacy if beneficiary needs a short-term supply to ensure they have the medication in stock

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| 4 Key Habits |

* Provide a ‘yes I can’ statement/reassurance statement.
* Ask Days’ Supply of the medication the member has on hand.
* Access and appropriately utilize CIF/Work Instructions.
* Summarize/recap reason for call, including ensuring all concerns have been addressed.

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| Before Ending the Call Think to Yourself |

* Did I do everything that I could do to fully resolve the reason why the beneficiary called?
* Did I leave the beneficiary with homework to do?
* Did I answer all of their questions completely and accurately?
* Did I provide a clear and concise response for them to understand?
* Did I give the appropriate timeframes for what they are requesting?
* Did I do everything I could do to take them out of the loop?
* Close the call
  + Recap everything that was discussed on the call “To recap our call today . . . “
  + If you have **fully** resolved the reason for the beneficiary’s call, use the **FCR Closing** below:

**Closing to use with First Call Resolution (no further action required)**

 Have I fully resolved the reason for your call today? <pause for response> It’s been a pleasure speaking with you, have a great day!

* + If it is clear you have **not been** able to resolve the reason for the beneficiary’s call and additional action is required either by the beneficiary and/or CVSHealth, use the **NON-FCR Closing** below:

**Closing to use with Non- First Call Resolution (additional action required)**

 I would like to thank you for your call today. <pause for response> It’s been a pleasure speaking with you, have a great day!

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| Related Documents |

* [MED D - BlueMedicareRx SQM Live Survey Questions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=67702a0d-d72a-420d-945c-85c6c50bade3)
* [MED D - BlueMedicareRx SQM IVR Survey Questions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92c20dba-a0ad-44dc-98b4-aa2e680bfff1)
* [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS](file:///C:\Users\MMCMENOMY\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GDCCO52O\CMS-2-028920)
* [Compass - Mail Rx Refill/Renewal (Order Placement)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad3a7263-725b-4d5d-a2ec-440f1f30d79c)
* [Compass - Mail Order History / Order Status](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ad0ab77-cb2e-4521-8f97-659304a0c8f8)
* [Caremark.com - CMP Alert Messages Sent via Secure Message, Email, and Text (1 Way and 2 Way SMS)](file:///C:\Users\MMCMENOMY\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GDCCO52O\CMS-PRD1-071518)
* [Compass MED D - Blue Medicare Rx (NEJE) Account Wellness Check List](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fd695030-498e-4d5a-97c8-3fd9575b7bf4)
* [FCR Reference Guide](file:///C:\Users\MMCMENOMY\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GDCCO52O\TSRC-PROD-021810)
* [Universal Care - Consultative Call Flow (CCF) Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**Parent SOP:** 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/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\MMCMENOMY\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GDCCO52O\CMS-2-017428)

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