# Phone Numbers (Contacts, Departments, Directory, Addresses, Hours, and Programs)

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[How Should the Call be Conferenced or Transferred?](#_Toc208222625)

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**Note:** Holiday hours vary by department, please contact your supervisor if uncertain regarding department availability.

 Related Documents are not included in this document adjacent to each business area or process. That information is included in the Line of Business Indexes and various other areas within theSource.

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| How Should the Call be Conferenced or Transferred? |

If the conference/transfer type is not specified below, **the call should be warm conferenced/transferred**.

Refer to the following table and the Basic Call Handling work instruction for your line of business to define a Cold Transfer and Warm Conference/Transfer.

 Conference/Transfer processes within Work Instructions supersede instructions in this directory.

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| **Conference or**  **Transfer Type** | **Definition** |
| **Cold** | Transfer using your phone, dial the phone number, and release. |
| **Warm** | After authentication, warm conference or transfer the caller to the appropriate area then introduce the caller and release the call. |

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| Difference Between External (Customer or Member) and Internal Phone Numbers |

Refer to as appropriate:

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| **Phone Numbers** | **Definition** |
| **External Customer or Member Number** | Number can be shared with the caller. |
| **Internal** | Do not provide a phone number to the caller. Can only be used by internal colleagues. |

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| Accordant Care | | |
| Transfer Type | **Cold** | |
| Customer Number | **1-800-948-2497** | |
| Hours of Operation | **Monday to Friday**: 7 am to 10 pm CT (Automated voice mail system after hours) | |
| Accredo Specialty Pharmacy (formerly CuraScript) | | |
| Conference/Transfer Type | **Warm**  **Exception:** If the Client is CareFirst, warm transfer the call. | **Special Instructions**  Address for new scripts: <PBM Name> 6272 Lee Vista Blvd. Orlando, FL 32822 |
| Customer Number | * Phone: 1-877-222-7336 * Fax: 1-800-753-2851 | |
| Hours of Operation | * **Monday to Friday**: 7 am to 10 pm CT * **Saturday**: 7 am to 4 pm CT | |
| **Aetna Customer Care (Pharmacy Management)** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number including MED D | The Customer Care phone number is on the back of their ID card.  Provide the following number to the member for future use: **1-888-RX-AETNA** (**1-888-792-3862**) | |
| Internal Number  **(Do not disclose)** | * Aetna Med D (Group): **1-855-582-2021** * Aetna Med D (Individual): **1-844-803-1377** * Aetna State of Illinois (Group): **1-855-467-8415** * Aetna State of Illinois (Individual): **1-855-801-8184** | |
| Hours of Operation | 24 hours a day, 7 days a week | |
| Special Instructions | This applies to misdirected calls for Aetna client codes beginning with x77.  Upon accessing the member’s account, check the top left of PeopleSafe. For Compass users, utilize the CIF and any alerts.   * If the Aetna logo is displayed, Aetna Customer Care handle these calls. Refer member to number on back of ID card. * If our PBM logo is displayed, then manage the call as normal. | |
| **Appeals (Our PBM Manages)** | | |
| Conference/Transfer Type | **Warm** **(Doctor Offices ONLY)**  Do not provide number or conference/transfer “Members” to the Appeals department.  **Provider’s offices only** **(Commercial Only):** Urgent Appeals**1-866-443-1183** Select option **1**  After hours and weekends. Ask provider to select option **1** to leave a message.  SilverScript/Medicare D: **1-866-235-5660** | |
| Customer Number | Fax numbers can be provided to Members.   * Medicare D fax: **1-855-633-7673** * PharmaCare platform fax: **1-800-230-0783** * RxClaim fax: **1-866-689-3092** and **1-866-443-1172** * Specialty Appeals fax: **1-855-230-5548,** Phone: **1-866-814-5506** (Caller to initiate appeal, do not submit an RM Task). * Written Urgent Appeals fax: **1-866-443-1172** * If Client is not on the list, review the CIF for referral information. | |
| Special Instructions | Mailing Addresses:   * CVS Caremark Inc. Appeals Department MC109 P.O. Box 52084 Phoenix, AZ 85072-2084 * PharmaCare platform: CVS Caremark Appeals Department 620 Epsilon Drive Pittsburgh, PA 15230 * SilverScript/Med D CVS Caremark Inc Appeals Department MC109 P.O. Box 52000 Phoenix, AZ 85072 * Specialty Appeals Department 800 Biermann Court Mount Prospect, IL 60056 | |

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| **Balance, Billing and Payments Address (Commercial Mail Order payments only)** | |
| Hours of Operation | 24 hours a day, 7 days a week |
| Special Instructions | Checks and money orders should be mailed to:  CVS Caremark, Inc  P.O. Box 659539  San Antonio, TX 78265-9539  **Notes:**   * Balances being paid off on separate accounts require separate checks specific to each account. One check cannot be split between two accounts. * Mail in the Invoice with the payment. If the member does not have the invoice, the member ID number needs to be placed on the check or money order. * Make check payable to CVS Caremark or the applicable client’s name. |

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| **Bridge Supply (Available in all states except the following: Arkansas, Nebraska, New York, Puerto Rico, and Utah)** | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | **1-866-234-0457** | |
| Hours of Operation | * **Monday – Friday:** 7 am to 8 pm CT * **Saturday:** 7 am to 6:30 pm CT * **Sunday:** 9 am to 6 pm CT   **Hours may change due to daylight savings time.**  **Note:** Holiday hours may differ from those listed above. | **Special Instructions**    **Provide the following information:**   * Member ID * Rx number * Reason for bridge validation (**Examples:** Lost in Transit (LIT), mail tag, damaged, etcetera) * Verification of payment method (if using a credit card as payment, provide the last 4 digits) * Our Retail pharmacy location and phone number based on member’s preference.   If pick up pharmacy is in the state of PA, advise the CCS Inbound pharmacy technician |

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| **CarelonRx (All Contacts)** | | |
| Conference/Transfer Type | Do not conference/transfer members.  Refer to the number on the back of their card. If they do not have their ID card, have them contact their plan owners. | |
| **Clinical Care Services Clinical Counseling** | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | **1-866-251-3591**   * Option **1:** Pharmacy requesting an Rx transfer (inbound or outbound) * Option **2:** All other Clinical inquiries   **MChoice Rx Transfers for Participating MChoice Pharmacies Only:** **1-866-234-0196** Option **2**  **Hawaii:** Hawaii’s Clinical Care calls should be warm transferred to **1-877-418-4130** Option **2** (internal number, do not disclose). | |
| Hours of Operation | * **Monday to Friday:** 7 am to 7 pm CT * **Saturday:** 7 am to 4:30 pm CT * **Sunday:** 9 am to 6 pm CT * **Holidays:** Same as for CVS Health After hours, refer to your line of business documentation for Clinical Counseling Pharmacist After Hours Process.     **HIP (Hawaii) Clinical Hours of Operation:**   * **Monday to Friday:** 8 am to 5 pm HT | |
| **Clinical Care Services Intervention Changebacks** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | Following confirmation, provide the number below:  TIP Changebacks: **1-800-224-1193**  **Option 1:** Provider Only  **Option 2:** Member Changebacks  **Option 4:** Customer Care | |
| Hours of Operation | **DAW/CCM/TIP Changebacks:**   * **Monday to Friday:** 7:30 am – 6:30 pm CT * **Saturday:** 7 am – 4:30 pm CT * **Sunday:** 9 am - 6 pm CT * **After hours:** Ask the member to call back during normal business hours. | **Special Instructions:**  Icon - Important Information Do not call the regular Clinical Counseling line for Changebacks. Only Intervention Changebacks teams can assist with these calls. |
| **Clinical Interventions (CCM)** | | |
| Conflict Code | **DAW, DO1, DW1, DW2, MP2, MP1, PSM, PSD, PDO, TP1** | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | Internal Use Only: **1-866-845-0977** | |
| Hours of Operation | * **Monday to Friday:** 7:30 am – 5:30 pm CT * **Saturday and Sunday:** Closed | |
| **Clinical Interventions (CCM)** | | |
| Conflict Code | **MP3** | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | Internal Use Only: **1-866-643-4018** | |
| Hours of Operation | **Monday to Friday:** 7:30 am – 5:30 pm CT | |
| **Clinical Interventions (CCM)** | | |
| Conflict Code | **TP2** | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | Internal Use Only: **1-866-579-7039** | |
| Hours of Operation | **Monday to Friday:** 7:30 am – 5:30 pm CT  **Before and after-hours:** A Doctors office can leave a voice mail. Clinical returns these calls during business hours. | |
| **Communications (Commercial Care)** | | |
| Hours of Operation | **Monday to Friday:** 7 am to 5 pm CT | **Special Instructions**  [Customerservice@Caremark.com](mailto:Customerservice@Caremark.com) |
| **Compounding** | | |
| Customer Number | **None** | |
| Special Instructions | Refer to the CIF to determine in network compounding pharmacies. | |
| CoramA part of our business that sends medical professionals to member’s homes to provide infusion and tube feeding services. Coram has more than 35 years of experience and they are the only national home infusion provider accredited by The Joint Commission. | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | None | |
| Internal Number  **(Do not disclose)** | Internal Use Only: **1-888-334-7978** and select the appropriate prompt. | |
| Hours of Operation | * **Monday to Friday:** 8 am to 12 am (Midnight) CT * **Saturday:** 8 am to 5 pm CT * **Sunday:** Closed * **After hours:** Members must call Customer Care during Coram’s business hours to be warm transferred. | |
| **Corporate Security** | | |
| Internal Number  **(Do not disclose)** | **1-866-300-0475** | |
| Hours of Operation | 24 hours, 7 days a week, 365 days per year | **Special Instructions:**  Create and send Email to: [Corp.Security@caremark.com](mailto:Corp.Security@caremark.com). |
| **C2 (Controlled Substance Type 2) Drug Pharmacy Addresses** | | |
| Special Instructions | **Pittsburgh (PGH):** Under normal circumstances CII prescriptions should be sent to the Mail Order Pharmacy address via regular mail. Direct the member to mail their prescriptions to the P.O. Box address below:  P.O. Box 2110 Pittsburgh PA 15230  Physical Address for CII’s for all clients:  Caremark Inc.  ATTN: ROCC Supervisor  620 Epsilon Drive  Pittsburgh, PA 15238  **FEP Only:**  P.O. Box 1590 Pittsburgh, PA 15230  Direct the member to overnight their prescription as a last resort. This will be done once the representative has calculated that regular mail will not be sufficient.  Attn: ROCC Supervisor  620 Epsilon Drive Pittsburgh PA 15238  **Hawaii Only:**  P.O. Box 30980 Honolulu, HI 96820 For urgent mail order requests in Hawaii only, member should send to: ROCC 2969 Mapunapuna Place #110 Honolulu, HI, 96819   * If the shipping address is in Hawaii, the CII hardcopy needs to be mailed to our Hawaii pharmacy, regardless of the client. | |
| **CVS Retail Pharmacy Records** | | |
| Customer Number | **1-800-287-2414** | |
| Transfer Type | Cold | |
| Special Instructions | To view retail pharmacy records online, visit www.Cvs.com. | |
| **CVS Health Privacy Hotline** | | |
| Transfer Type | **Cold** | |
| Customer Number | **1-866-443-0933** (Answered by the Customer Relations Team) | |
| Hours of Operation | **Monday to Friday:** 7 am to 9 pm CT  **Saturday and Sunday:** 9:30 am to 5:30 pm CT | |
| Special Instruction | **Written Complaints must be sent to the following address:**  CVS Health  Attn: Privacy Office  One CVS Drive  Woonsocket, RI 02895  **Email:** [Privacycaremark@cvshealth.com](mailto:Privacycaremark@cvshealth.com) | |
| **CVS Weight Management Program** | | |
| Transfer Type | **Warm** | |
| Customer number | **1-800-207-2208** | |
| Customer website | cvsweightmanagement.com | |
| Hours of Operation | **Monday to Friday:** 8 am to 8 pm  (All time zones in the Continental US except for US federal holidays.)  **Saturday:** 9 am to 4 pm  (All time zones in the Continental US except for US federal holidays.)  **Sunday and holidays:** Closed.  **Notes:** If the Care Team is closed, advise the member of hours of operation, and provide the phone number to call back when the department is open. | |

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| Department of Defense/Veterans Affairs (VA) Resolution Team | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | * Department of Defense **1-866-257-4879** * Any other Government Agency **1-800-303-0187** | |
| Internal Number  **(Do not disclose)** | **MED Web Support CCR use ONLY:** Warm transfer to **1-844-441-8033** | |
| Hours of Operation | **Monday to Friday:** 8 am to 5 pm CT | **Special Instructions**  **Icon - Important Government Paper Claims Only.** This Customer Care team provides detail for Government Claim status and Eligibility status for Contractors, Government Agencies and Third-Party Administrators such as VA hospitals, Department of Defense, Medicaid, Medicare, and Indian Health Services.  The information that is requested most often includes the effective and termination dates of the member, claim status, payments made to the agency and the address to submit paper claims. |
| **Diabetic Meter Program** **(Blood Glucose Monitoring Program)** | | |
| Conflict Code | **DQ2** | |
| Transfer Type | **Cold** | |
| Customer Number | **1-800-588-4456** (Advise caller to choose Option **1**) | |
| Hours of Operation | * **Monday to Friday:** 8 am to 6 pm CT * No weekend Hours | |
| **Diabetic Queue (Translation of diabetic supplies/clarification on diabetic supply orders)** | | |
| Conflict Code | **DQ1** | |
| Transfer Type | **Cold** | |
| Customer Number | **1-800-556-8750** (This number goes to a Commercial Care Queue) | |
| Hours of Operation | * **Monday to Friday:** 8 am to 5 pm CT * No weekend hours | |

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| **eFax/ePrescriptions** **(For providers only who have issues using eFax/eScript software)**  Not able to assist with member or pharmacy issues. Do not transfer members or pharmacies to this line. | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | Provider Help Desk phone number **1-866-443-9166** or [Clinicaloutreach@caremark.com](mailto:Clinicaloutreach@caremark.com) | |
| Special Instructions | **ERX Electronic Address**  One Great Valley Blvd  Wilkes-Barre, PA 18706  Phone: 1-877-864-7744  Fax: 1-800-378-0323  Pharmacy NABP or NCPDP#: 0322038  NPI# 1326029232  **eFax Address**  7034 Alamo Downs Parkway San Antonio, TX 78238  Phone: (877) 864-7744  Fax: (800) 378-0323  Pharmacy NABP or NCPDP#: 4583034 | |
| **Eligibility Center of Excellence** | | |
| Internal Number  **(Do not disclose)** | **1-800-803-1461** | |
| Hours of Operation | **Monday to Friday:** 8 am to 5 pm CT | |
| **Employee as Members (Customer Care for Our CVS Health Colleagues)** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | **1-866-284-9226 or**  **1-800-558-0860,** Opt. **1** (Aetna One Advocate/Precert/Rx) | **Special Instructions: NA** |
| Internal Number  **(Do not disclose)** | Senior Team CVSHealth Employee Accounts.  **1-844-203-6242** (Aetna Senior team) | |
| Hours of Operation | * **Monday to Saturday:** 7 am to 9 pm CT * **Sunday:** 8 am to 4 pm CT | |
| **Exceptions Department** | | |
| Customer Number | Fax: **1-888-487-9257** (This fax number is only relevant to specific exception requests such as tiering exceptions, brand surcharge exceptions, and formulary exceptions.)  **Note:** This fax number is not specifically for Prior Authorizations. Consult Prior Authorization for proper fax number(s) as needed. | |
| Special Instructions | Icon - Important Information Review the CIF and Test Claim results on medications for processes on PAS, exceptions, and appeals. | |
| **Express Scripts** | | |
| Transfer Type | **Cold** | |
| Customer Number | **Commercial: 1-800-451-6245 Medicare: 1-844-863-5324** | |
| Internal Number  **(Do not disclose)** | **1-800-233-8065** | |
| Hours of Operation | 24 hours, 7 days a week | |

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| **FastStart Care (New Prescription Orders)** | | |
| Conference/Transfer Type | **Warm** | |
| Prescriber Number | **Providers Only:**  Phone: **1-800-378-5697**  Fax: **1-800-378-0323** | |
| Customer Number | The member can be warm transferred to the Internal Number if there are issues with requesting a new Rx. | |
| Internal Number  **(Do not disclose)** | **CCR:** Attempt to order the New Prescription Request first however if unsuccessful, contact **1-866-281-0636** | |
| Hours of Operation | **Monday to Friday:** 8 am to 6:30 pm CT | **Special Instructions:**  ePrescriptions address:  One Great Valley Blvd  Wilkes-Barre, PA 18706 |
| **FEP (Retail and Mail Program)** | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | * **Retail FEP** - CCR **1-866-884-9485** * **Mail FEP** - FEP CCR **1-866-884-9482** | |
| Hours of Operation | **Retail & Mail:** 24 hours a day, 7 days a week | **Special Instructions:**  **Custom ROCC mailing address.**  Federal Employee Program (FEP):  CVS Caremark, Inc  P.O. Box 1590 Pittsburgh, PA 15230-1590 |

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| **Georgia Board of Pharmacy (Licensing, Oversight and Documents)** | | |
| External (Customer or Member) Number | **1-404-651-8000** | **Special Instructions:** <https://gbp.georgia.gov/> |

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| **Health Advisor** | |
| Transfer Type | **Cold** |
| Customer Number | **1-855-208-4856** |
| Hours of Operation | * **Monday to Friday:** 7:30 am to 4:30 pm CT * **After business hours:** Ask member to leave a message and they will receive a callback. * No holiday or weekend hours |

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| **IT Service Center** (Technical and hardware support, password resets, etcetera) | |
| Customer Number | **1-855-280-4872** |
| Hours of Operation | 24 hours, 7 days a week |
| **IVR (Interactive Voice Response)** | |
| Customer Number | * **Standard IVR:** Listed in CIF and on back of member’s ID card. * **FastRefill IVR:** The number is printed on Rx label for placing quick and easy orders |
| Special Instructions | Members experiencing problems accessing the IVR: Complete the IVR Research Request Procedures and Form and email to [IVRResearchRequests@CVSHealth.com](mailto:IVRResearchRequests@CVSHealth.com) as directed in the form.  **Note:** Some clients have opted out of the FastRefill IVR. Refer to the CIF. These impacted members will have the standard IVR phone number for the client printed on the prescription bottles instead of the FastRefill number. |

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| **Language Line** (Interpreter Services) | |
| Conference/Transfer Type | **Warm** |
| Internal Number  **(Do not disclose)** | * Medicare D, refer to [MED D - Language Assistance - Language Line Services (028005)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=83fd99b3-39c6-4382-b726-bf191498a56c) * Non-Spanish: **1-800-822-5552** / **1-844-695-5384** **Code:** 13736 / **Code for FEP only:** 5996 * Non-Spanish: **CareFirst Only: 1-844-706-4085 Code:** 13736 * Spanish: Refer to [Spanish Queue](#_Spanish_Queue) in this document. In this instance your caller is warm transferred to the Spanish Queue colleague, and you will disconnect.   The Spanish Queue IVR speaks only in this language, wait until it stops. Tell the Spanish language CCR that you need to transfer a Spanish speaking caller to them. They are bilingual and respond to you in English. They do not interpret but instead they take over the call for the Spanish speaking caller/member. |
| Hours of Operation | 24 hours, 7 days a week |

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| **Mail Order Pharmacies and Regional Order Creating Center (ROCC)** | | | |
| Location  Facility Type  Street Address  ROCC Address | **Location** | **Other Information** | |
| Chicago, IL (CHI) | **Facility type:** Pharmacy Operations and ROCC  **Street Address:** 800 Bierman Ct. Mount Prospect, IL 60056  **Mail Order Pharmacy: Address:** Use the San Antonio **Mail Order Pharmacy Address:** <PBM Name> PO Box 659541 San Antonio, TX 78265-9541 | |
| Honolulu, HI (HI) | **Facility type:** Pharmacy Operations and Dispensing Pharmacy  **Street Address:** 2969 Mapunapuna Pl. 110 Honolulu, HI 96819  **Mail Order Pharmacy:** PO BOX 30980 Honolulu, HI 96820 | |
| Miramar, FL (MAR) | **Facility type:** Pharmacy Operations  **Street Address:** N/A  **Mail Order Pharmacy: Address:** Use the San Antonio **Mail Order Pharmacy Address:** <PBM Name> PO Box 659541, San Antonio, TX 78265-9541 | |
| Phoenix, AZ (PHX) | **Facility type:** ROCC  **Street Address:** N/A  **Mail Order Pharmacy: Address:** <PBM Name> PO Box 52099 Phoenix, AZ 85072-2099 | |
| Pittsburgh, PA (PIT) | **Facility type:** Pharmacy Operations and ROCC  **Street Address:** <PBM Name> 620 Epsilon Drive Pittsburgh, PA 15238  **Mail Order Pharmacy: Address:** <PBM Name> PO Box 2110 Pittsburgh, PA 15230-2110  **FEP Only:** P.O. Box 1590 Pittsburgh, PA 15230 | |
| San Antonio, TX (SAT) | **Facility type:** Pharmacy Operations and ROCC  **Street Address:** <PBM Name> 7034 Alamo Downs Parkway San Antonio, TX 78238  **Mail Order Pharmacy: Address:** <PBM Name> PO Box 659541 San Antonio, TX 78265-9541 | |
| Wilkes-Barre, PA (WBP) | **Facility type:** Dispensing Pharmacy  **Street Address:** N/A  **Mail Order Pharmacy: Address:** Use the Pittsburgh **Mail Order Pharmacy address:** <PBM Name> PO Box 2110 Pittsburgh, PA 15230-2110 | |
| Special Instructions | * **Mailing Address:** <PBM Name> P.O. Box 659539 San Antonio, TX 78265-9539 * Provide the member’s **Mail Order Pharmacy** address shown in Compass or PeopleSafe for mailing in new prescriptions. * Expedited prescriptions that must be sent via Express/Priority mail must be addressed to the **Mail Order Pharmacy** street address for our Mail Order pharmacy to expedite the execution of the prescription.   Do not use the PO Box. | | |
| **Maintenance Choice Transfer** | | | |
| Conference/Transfer Type | **Warm** | | |
| Internal Number  **(Do not disclose)** | Maintenance Choice Clinical team: **1-866-234-0457** option **2** | | |
| Hours of Operation | * **Monday to Friday:** 7 am to 8 pm CT * **Saturday:** 7 am to 6:30 pm CT * **Sunday:** 8 am to 5 pm CT | | |
| **MAPD (Medicare Advantage Prescription Drug) Help Desk (MARx Support)** | | | |
| Transfer Type | **Cold** | | **Special Instructions:** Email -[mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov) |
| Support Number | Support for Technical and Functional Issues: **1-800-927-8069** | | |
| Hours of Operation | * **Monday to Friday:** 7 am to 5 pm CT * **Saturday and Sunday:** Closed * **After Hours:** No after hours | | |
| **MED B Team** (Mail Order questions only)  If a caller has a question regarding retail claims, refer them to their retail pharmacy or Medicare) | | | |
| Conference/Transfer Type | **Warm** | | |
| Customer Number | **1-866-804-5880** | | |
| Hours of Operation | * **Monday to Friday:** 7 am to 6 pm CT * **Saturday:** 8 am to 4:30 pm CT * **Sunday:** Closed * **After hours:** Callers hear a pre-recorded message informing them to contact Customer Care if he/she needs immediate assistance. Otherwise, they need to call back during normal business hours. | | |
| **MedHOK** | | | |
| Special Instructions | **Email:** [MEDHOKUSERACCESS@CVSHealth.com](mailto:MEDHOKUSERACCESS@CVSHealth.com) | | |
| **Medicaid** | | | |
| Conference/Transfer Type | **Warm** | | |
| Internal and Customer Number | There is **no dedicated number** for just a Medicaid dedicated team. The Customer Service number depends on the applicable CIF. | | |
| **Medicare D Coverage Determinations and Appeals (****CD&A)** | | | |
| Conference/Transfer Type | **Warm** | | |
| Prescribers and Providers Only | **Providers only:**  Phone: **1-877-827-7315** Opt. **2**  Fax: **1-855-633-7673**  **CCR:** Do not provide the above telephone numbers to a beneficiary. They are for provider and prescriber calls only. | | |
| Hours of Operation | * **Monday to Friday:** 7 am - 6 pm CT * **Saturday and Sunday:** Closed | | |
| **Medicare D Premium Billing Specialized Team** | | | |
| Conference/Transfer Type | **Warm** | | |
| Customer Number | **1-866-824-4055** | | |
| Hours of Operation | 24 hours, 7 days a week | | |
| **Minute Clinic** | | | |
| Customer Number | **1-866-389-2727** (Automated System)  **Note:** If speak English: Hold on the line, for all other languages select option **9**. | | |
| Hours of Operation | 24 hours, 7 days a week | | **Special Instructions**: Minuteclinic.com |
| **Minute Clinic Billing Center** (Billing Questions related to MinuteClinic) | | | |
| Conference/Transfer Type | **Warm** | | |
| Internal Number  **(Do not disclose)** | **1-866-389-2727** If speaking English hold the line; for all other languages select option **9**. | | |

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| **NEJE** | |
| Customer Number | **Post Enrollment Med-D Care Numbers:**   * MA: 1-888-543-4917 * CT: 1-888-620-1747 * RI: 1-888-620-1748 * VT: 1-888-620-1746 * VEHI: 1-855-893-8538 * UVM: 1-888-496-4178   **Pre-Enrollment Med-D Care Numbers:**   * MA: 1-866-832-9775 * CT: 1-866-832-9702 * RI: 1-888-496-4174 * VT: 1-888-496-4178 |
| Hours of Operation | 24 hours, 7 days a week |

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| **Oklahoma Board of Pharmacy** | |
| Customer Number | 1-405-521-3815 |
| **Omnicare, a CVS Health® company | Omnicare pharmacy (https://www.omnicare.com)**  **Omnicare is a pharmacy services provider for long-term care and post-acute facilities, as well as assisted living or senior living communities. -** | |
| Transfer Type | **Cold** |
| Customer Number | **1-888-545-OMNI (6664)** |
| Internal Number | NA |
| Hours of Operation | 24 hours a day and 7 days a week |
| **Over the Counter (OTC) Health Solutions**  CVS Pharmacy program that provides over the counter (OTC) benefit administration. English and Spanish speaking. | |
| Conference/Transfer Type | **Warm** |
| Customer Number | **1-888-628-2770** |
| Hours of Operation | **IVR:** 24 hours a day and 7 days a week  **Live Agent:**  **Monday to Friday:** 9 am to 8 pm (local time) |

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| **Participant Services/Member Services** | | |
| Conflict Code | **PSC** | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | **1-866-644-0876** | |
| Internal Number  **(Do not disclose)** | Refer to Update Shipping Information: **1-800-378-6043** when the member has received a call from Participant Services. | |
| Hours of Operation  (All sites) | * **Monday to Friday:** 8 am - 6:30 pm CT * **Saturday:** 8:00 am – 4:30 pm CT * **Sunday:** Closed | **Special Instructions**  If you need to contact Participant Services after hours, send them an email. Calls are routed to Commercial Care outside of normal business hours.  **Note:** Contact the Senior Team for an email address. The Senior Team colleague may ask to take over the call as a procedural transfer. |
| **Pharmacy Advisor Team** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | Refer to the opportunity talk track in Compass or PeopleSafe. The number can vary from client to client.  **Note:** The number listed on the Welcome Letter received by and sent to by members is **1-866-624-1481**. | |
| Internal Number  **(Do not disclose)** | **1-888-850-8245** | |
| Hours of Operation | * **Monday to Friday:** 9 am to 8 pm CT * **Saturday:** 9 am to 5 pm CT * **Sunday:** Closed | **Special Instructions**  **Note:** Members may report a 480-391-xxxx number or a 412-xxx-xxxx (Specialty Dialer) from their Caller ID which indicates a call from the Scottsdale, AZ Pharmacy Advisor Call Center. |
| **Pharmacy Help Desk**  This team receives phone calls from retail pharmacies requesting assistance with retail pharmacy electronic transactions, rejected claim resolution, claim adjudication, triage support regarding pharmacy payment, network enrollment and any other general contract support | | |
| Conference/Transfer Type | **Warm** | |
| Pharmacy Number  **(Disclose only to pharmacies)** | Commercial: **1-800-364-6331**  Med D: **1-866-693-4620**  (These numbers are only for pharmacies. CCRs can also use these numbers to transfer pharmacies to PHD) | |
| Hours of Operation | 24 Hours a Day, 7 Days, 365 Days a Year | **Special Instructions: NA** |
| **Pharmacy Help Desk Senior Team** | | |
| Conference/Transfer Type | Do not conference/transfer to this team | |
| Internal Number (Do not disclose) | **PHD Commercial Senior: 1-888-626-1115,** Option **1** | |
| **Pharmacy Network Enrollment** (For pharmacies requesting enrollment in our network) | | |
| Pharmacy Number | There is no longer a dedicated voicemail line for Pharmacy Network Enrollment. | |
| Special Instructions  **(Disclose only to pharmacies**) | **Aetna:**   * Chain or Affiliation Pharmacies: Contact your Headquarters for all inquiries. * True Independent Pharmacies: Send all inquiries to Aetna Email Box: [PharmNetwrkSrvc@aetna.com](mailto:Pharmnetwrksrvc@aetna.com)   **All Other Inquiries:**   * Send all requests to: [RxServices@CVSHealth.com](mailto:Rxservices@cvshealth.com)   All inquiries will receive a response within **3** business days. | |
| **Physician Contact (Formerly Doctor Calls)/Delayed Provider Response Line** | | |
| Conflict Codes | **DPC, FRC, FRX, RRF MCB, NIS, RTP, PAR, PLN, PBR** | |
| Conference/Transfer Type | **Warm** | |
| Providers Only  **(Disclose only to providers)** | **1-800-459-1907 (Do not provide to members)**   * Option **1** Participant (Do not give to members even though option exists) * Option **2** Provider Return Call | |
| Hours of Operation | **Monday to Friday:** 7:30 am to 5:30 pm CT | |
| **PrEP Team (CVS Caremark) – NURX Program** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | **1-855-293-4113** | |
| Hours of Operation | * **Monday to Friday:** 7 am to 4:30 pm CT * **Saturday:** 7 am to 2:30 pm CT * **After hours:** Refer to the CIF. | |
| **Prior Authorization** | | |
| Conference/Transfer Type | **Warm** | |
| Customer/Member or Provider Number | **Use the phone number listed in the reject.** If no number is listed, check the CIF. If we handle the Prior Authorization, call **1-800-294-5979.**  **No other contact information should be listed in this document as per request of the business area.** | |
| Internal Number (Do not provide to caller) | Internal Use **ONLY: 1-(888)-217-5371** | |
| Hours of Operation | * FEP Prior Authorization Clincal Call Center: (Per request of FEP, PA FEP hours will NOT be listed in this contact. * Prior Authorization Medicaid: **Monday - Friday:** 8 am to 5 pm CT, No weekend hours * Prior Authorization – Commercial: **Monday - Friday:** 8 am to 6 pm CT, No weekend hours. * Prior Authorization Senior Team and Pharmacist: **Monday - Friday:** 7 am to 8 pm CT | |
| Other Contacts | Prior Authorization Senior Team:  Refer to the Prior Authorization Information in the Senior Team library references. **(No contact information listed in this document per request of the business area).** | |

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| **Resource Planning (RP)** | | |
| Internal Number  **(Do not disclose)** | Contact your supervisor.  **Supervisors Only:** Call **1-866-733-5778** Option **1** to Schedule off phone Activities (OPA) and to change queues. | |
| Hours of Operation | **Monday to Sunday:** 6 am to 11 pm CT | |
| **Retail “Non-Pharmacy” (CVS) Customer Service (Front of the Retail Store)** (Local CVS Pharmacy store questions, support with CVS.com and CVS Pharmacy app, feedback for local retail CVS pharmacy locations, etcetera) | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | **1-800-746-7287 or 1-800-SHOP-CVS** | |
| Hours of Operation | * **Monday to Friday:** 7:30 am to 6 pm CT * **Saturday & Sunday:** 9 am to 5:30 pm CT * Closed major holidays | **Special Instructions:** [CVSResolution@CVSHealth.com](mailto:CVSResolution@CVSHealth.com)  Looting or Damage to Stores/Buildings Due to Riots:  CVS’s privacy team is reviewing this incident.   * If the members/customers are impacted, we will send out a notification shortly. * If Customer Care has additional questions regarding privacy, advise them to reach out to us or email [hipaaincidents@cvshealth.com](mailto:hipaaincidents@cvshealth.com) |
| Retail “Pharmacy” (CVS) Customer Relations (Back of the Retail Store) (Prescription miscount issues, product questions, medications out of stock, pharmacist refuse to sell medications, delivery questions, local pharmacy store purchase questions, non-fraud disputes, duplicate receipts, gift card issues both internal and external, 3rd party reimbursement.) | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | **1-866-339-1332** (reaches the Pharmacy Line)  **Note:** These are always warm transfers when the customer is on the line. | |
| Hours of Operation | * **Monday to Friday:** 7:30 am - 6:00 pm CT * **Saturday & Sunday:** 9:30 am - 5:30 pm CT * Closed Major Holidays | |
| **Retail Pharmacy ExtraCare-** The ExtraCare program and how it works, card not working, discounts, ExtraBucks, clip-free coupons, ExtraCare account balance)  **Note:** The program formerly known as CarePass is now ExtraCare Plus with CVS Pharmacy. | | |
| Transfer Type | **Cold** | |
| Customer Number | **ExtraCare**   * 1-800-746-7287 * 1-800-SHOP-CVS | |
| Hours of Operation | * **Monday to Friday:** 8 am to 8 pm CT * **Saturday & Sunday:** 9 am to 5:30 pm CT * Closed major holidays. | |
| **Rx (Prescription) Transfer for Non-CVS and Non MChoice** | | |
| Conference/Transfer Type | **Warm** | |
| Pharmacy Number  **(Disclose only to Pharmacies)** | **1-866-241-7414** | |

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| **Senior Team** | | |
| Conference/Transfer Type | **Warm** | |
| Internal Numbers  **(Do not disclose)** | * Call Resolution Team (Aetna): * Aetna COMMERCIAL Senior Team: **1-855-361-8566** * Aetna MED D Senior Team Escalation: **1-844-843-6271** * Aetna MED D Senior Assist: **1-844-635-3405**   **Note:** Prior to contacting the Nashville or San Antonio AETNA MED D Senior team   * [CVS Health Senior Team for **Employee** Accounts](#employeeasmember). * Commercial Senior Resolution Team: **1-877-216-8707** * FEP: **1-888-512-8933 (Hours of Operation: 7:30 am – 11:00 pm CT)** orAfterhours: **1-877-216-8707** * Hawaii Senior Team **1-855-801-8261** (Prompt #**1** for Med D, Prompt #**2** for Commercial) * Med D Health Plan: * **1-877-209-5167,** Med D EGWP * **1-877-209-5167,** 1-833-458-0865, NYSHIP * MED D EGWP: * Assist and Escalations: **1-877-209-5167** * **1-877-209-5167** * NYSHIP 1-833-458-0865 - **NYSHIP MED D and EGWP only** * MED D SilverScript: * Assist and Escalations: **1-888-572-0869** Blue Medicare Rx (NEJE): 1-800-790-6382 * Assist: 1-800-790-6382, Option 1 * Escalation: 1-800-790-6382, Option 2 | |
| Hours of Operation | * Senior Resolution Team:24 hours a day, 7 days a week * Senior Hours by Facility: * **Alamo Downs 2:** 24 hours a day, 7 days a week * **Kansas City:** 7 days a week, 6 am - 11 pm CT * **Knoxville:** 7 days a week, 6 am - 10 pm CT * **Pittsburgh:** 7 days a week,6 am - 9 pm CT * Hawaii Senior Team: * **Monday to Friday:** 7 am - 7 pm HST * **Saturday:** 8 am to 4:30 pm HST * **Sunday:** Closed * **MED D Senior Team** (Calls are managed by the vendor locations except for overnight handling, at 11 pm CT, the calls route to San Antonio Senior Team until 7 am after which they are routed back to the vendor Senior Teams). * Onshore: 7 am - 11 pm CT * Offshore (SilverScript): 24 hours a day, 7 days a week * Onshore Escalation: 7 am - 11 pm CT | |
| **SHIP – State Health Insurance Assistance Program** | | |
| For local SHIP telephone numbers:   * Access <https://www.shiphelp.org/> * Select **Ship Locator**. * Select **State**. | | |
| **SilverScript/Aetna/Med D Customer Service** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | Aetna/SilverScript/Med D: **1-866-235-5660**  (TTY: 711) **1-833-526-2445**. | |
| Internal Number  **(Do not disclose)** | Refer to the CIF. | |
| Hours of Operation | **24 hours a day, 7 days a week** | |
| **SilverScript/Aetna/Med D SSI Enrollment** | | |
| Conference/Transfer Type | **Warm** | |
| Customer Number | **1-833-606-0372** | |
| Internal Number  **(Do not disclose)** | Current Enrolled Beneficiary: **1-800-882-9194**  Prospective (Non-beneficiary): **1-844-985-0085** | |
| Hours of Operation | * October 1 - March 31: 7 days a week: 8 am - 8 pm beneficiary’s local time * April 1 - September 30: **Monday to Friday:**  8 am - 8 pm beneficiary’s local time   **Note:** If after hours, a recording will advise the office is closed, the beneficiary can leave a message, and an agent will return their call.  **Holidays:** (The Enrollment office will be closed on the following holidays)   * Memorial Day * 4th of July * Labor Day * Thanksgiving * Christmas | |
| **Spanish Queu****e** (They will take over the call when you have a Spanish language speaking member, they do not provide interpreter services) | | |
| Conference/Transfer Type | **Warm** | |
| Internal Number  **(Do not disclose)** | Commercial, Medicaid and Exchange: **1-800-378-2399**  MED D SilverScript Spanish: **1-844-843-6269**  MED D Blue MedicareRx Beneficiaries: **1-844-695-5384** | |
| Hours of Operation | Commercial, Medicaid, and Exchange: **7 days a week** 6 am to 11 pm CST  Med D SilverScript Spanish: **7 days a week** 6am to 8pm CT  Med D Blue MedicareRx: 24/7, refer to [Language Line](#_Language_Line). | |
| Special Instructions | For after hours, use the [Language Line.](#_Language_Line) If member is provided with the option for Spanish Speaking through the IVR and they selected the Spanish option it will be in Spanish. If the option does not present to member on IVR then member will need to be warm transferred to the Spanish Queue for a Spanish speaking representative which will proceed with call. Do not remain on the line. | |
| Specialized Member Services/Status Team (SMST) | | |
| Conference/Transfer Type | **Warm**, then select Med D Special MBR Status Team  For SMST and Premium Billing Specialized Team calls ONLY. | |
| Internal Number  **(Do not disclose)** | HealthPlan/EGWP: **1-844-234-8264**  SilverScript & NYSHIP: **1-833-458-0858**  NYSHIP (Caremark Employees Only): **1-888-964-0015**  **Note**: Only for pharmacies. | |
| Hours of Operation | **24 hours a day, 7 days a week** | |
| **Specialty Billing** | | |
| Conference/Transfer Type | **Warm**  **Exception:** If the Client is CareFirst, warm transfer the call per the number in the CareFirst CIF (**1-855-264-3237**) | |
| Customer Number | **1-800-697-7089** and **1-800-250-9631.** | |
| Internal Number  **(Do not disclose)** | Not Available per Billing Department. | |
| Hours of Operation | **Monday to Friday:** 7 am to 7 pm CT  No weekend hours | |
| **Specialty Pharmacy (CTS) Customer Care and FEP** | | |
| Conference/Transfer Type | * Warm   **Exceptions:**   * If the Client is CareFirst, warm transfer the call per the number in the CareFirst CIF (1-855-264-3237). * Hawaii CVS Specialty Pharmacy: 1-800-896-1464 * Escalations: **Warm** | |
| Customer Website | <https://www.cvsspecialty.com/> | |
| Customer Number | * **Specialty Customer Care**:(This number is used by members, pharmacies, and providers) * Phone: 1-800-237-2767   CareFirst only: 1-855-264-3237   * Fax: 1-877-408-9743 * **FEP:** Not listed at the request of the department. * Hawaii: 1-800-896-1464 | |
| Internal Number  **(Do not disclose)** | Provider Clinical Inquiries **ONLY**   * **1-866-210-1525** (Chicago) **Monday to Friday** 7:30 am - 7:30 pm CT * No Weekend Hours * **1-866-845-6786** (Georgia) **Monday to Friday:** 7:30 am - 9 pm ET (6:30 am - 8 pm CT) * **Saturday:** 9 am - 4 pm ET (8 am - 3:00 pm CT) | |
| Hours of Operation | * **Monday to Friday:** 6:30 am - 8 pm CT * **Saturday:** 8 am – 3 pm CT   Limited functionality. They can check the status of orders and answer basic questions. There will be situations (certain patient therapy and medication questions) where Customer Care will not be able to assist the member which will require a callback during weekday business hours.   * **Sunday:** Closed * **After Hours:** Patients are strongly recommended to call during business hours to ensure there is proper staffing in place to assist them with their questions. * If a patient calls outside of business hours, IVR advises them in case of emergency they should hang up and call 911. * If the patients call after hours, there is an answering service that will triage the call and possibly connect them to a pharmacist or a member of our scheduling team depending on the issue presented. | **Special Instructions**  **Mailing Address:**  Specialty Pharmacy <PBM Name>  P.O. Box 94464 Palatine, IL 60094  **Specialty Pharmacy NPI:** 1134100134 |
| **Specialty Prior Authorization/Appeals** | | |
| Conference/Transfer Type | **Warm** | |
| Providers / Dispensing Pharmacies Only  **(Disclose only to providers or dispensing pharmacies)** | Phone: **1-866-814-5506**  Fax: **1-866-249-6155** | |
| Internal Number  **(Do not disclose)** | **1-855-890-0347**  **Note:** Use this number if you need to reach the Specialty PA/Appeals team on the member’s behalf. | |
| Hours of Operation | * **Monday to Friday:** 8 am - 6 pm CT * **Saturday and Sunday:** Closed | **Special Instructions**  **Mailing Address:**  Specialty Pharmacy <PBM Name>  P.O. Box 94464 Palatine, IL 60094 |
| **Specialty Web Support** **(Only used for assistance with cvsspecialty.com)** | | |
| Customer Number | **1-855-264-3239** | |
| Hours of Operation | **Monday to Friday:** 8 am - 5 pm CT | |

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| **Telephone Devices for the Deaf (TDD)** | | | |
| Customer Number | **1-800-231-4403** | | |
| Hours of Operation | * **Monday to Friday:** 7 am - 9 pm CT * **Saturday:** 8 am - 12 pm CT * **Sunday:** Closed | | |
| **Transform Diabetes Care (TDC)** | | | |
| Conference/Transfer Type | | **Warm** | |
| Customer Number  (CVS Caremark member) | | **CVS Caremark member** (members who have Caremark as their PBM)  **TDC Customer Care: 1-800-348-5238** (Provide this number with the member if they prefer to call themselves)  **Note:** No Fax # for this area is listed as per the product owners.  **CVS Caremark member (members who have Caremark as their PBM) who have dedicated teams for this program.** | |
| **If Plan Sponsor is…** | **Then warm** **conference/transfer to…** |
| **National Association of Letter Carriers (NALC)** | Caremark Member Services at **1-855-238-3622 (Internal Number do not disclose)** |
| **International Union of Operating Engineers Local 4 Funds (IUOE)** | Caremark Member Services at **1-855-238-3624 (Internal Number do not disclose)** |
| Customer Number (Non A1A) members | | **Members who do not have Caremark as their PBM and do not have a dedicated team.**  Warm transfer to the Aetna **TDC member support line** at **1-855-808-0837.**  **Note:** If non-A1A Aetna memberdoes not want to be transferred**,** provide the member with the **TDC member support line: 1-855-808-0837.** | |
| Customer Number  (Aetna A1A -HealthCare members) | | **Members who do not have Caremark as their PBM.**  A1A Members with dedicated teams for this program  **Note:** If A1A (Aetna) memberdoes not want to be transferred, provide them with the appropriate phone number below. This number is found on the back of their member card. | |
| **If…** | **Then warm conference/transfer to Member Services at…** |
| **Aetna/CVS Health** | **1-800-558-0860** |
| **Citigroup** | **1-800-545-5862** |
| **DOW Chemical** | **1-888-488-4488** |
| **Henkel of America** | **1-877-764-5721** |
| **M&T Bank** | **1-866-925-0353** |
| **Nordstrom** | **1-877-764-5727** |
| **Phillips 66** | **1-855-267-4184** |
| **State of Delaware** | **1-877-542-3862** |
| Hours of Operation | | * **Monday to Friday:** 8 am - 8 pm CT * **Saturday:** Closed * **Sunday:** Closed * **Company Observed Holidays:** Closed | |

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| **Unclaimed Property** | |
| Special Instructions | No calls should be made to this department by CCRs. |
| **UPS (United Parcel Service) External Contact** | |
| Customer Number | **1-800-742-5877** |
| Hours of Operation | 24 hours a day, 7 days a week |
| **USPS (United States Postal Service) aka Post Office External Contact** | |
| Customer Number | **1-800-275-8777** |
| Hours of Operation | * **Monday to Friday:** 7 am - 7:30 pm CT * **Saturday:** 7 am - 5 pm CT |

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| **Web Support** | |
| Transfer Type | **No Transfers.** Calls are handled by CCRs. |
| Customer Number | Members will call the number on the back of their ID card; these calls are handled by Commercial Care CCR’s. If assistance is needed refer to:  InstaMed Customer Support: **1-866-467-8263** |
| Women’s Preventive Services | |
| Customer Number | **1-888-924-8738** for Option **1**: Contraceptive calls |
| Hours of Operation | 24 hours a day, 7 days week, 365 days a year |
| Written Communication Address (For members to send correspondence which includes Custodian of Records / HUD (Housing) requests) | |
| Special Instructions | <PBM Name>  Customer Care  PO Box 6590 Lee’s Summit, MO 64064-6590  Plan Member Customer Care Executives Address: Use the same address as above with attention to “Director Customer Care.” |

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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