# Member Engagement Call Flow

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**Description:** This document describes the Member Engagement Call Flow to include Reintroduce, Demographic Information, Educating on Messaging Preferences, Checking order status, Reviewing the Order Placement screen, Prior Authorization, Retail to Mail and Closing the call.

**Note:** If you are not on the Member Engagement Team located in Knoxville or Phoenix this work instruction **does NOT apply** to you. Refer to the applicable Inbound Call work instructions.

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| Process |

**Note:** When making outbound calls to members, refer to policy [CALL-0049](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049) for information regarding when calls can be made.

Perform the steps below:

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| **Step** | **Action** | | | |
| **1** | Greeting Determine the type of call: | | | |
| **If making the…** | | **Then…** | |
| Initial Call (Reaching out to the member for the first time as part of the Member Engagement Program). | | Hello, is <FULL MEMBER NAME> available?   * If member confirms it is them on the phone, continue.   This is <AGENT NAME> with CVS Caremark Member Engagement Team on behalf of <CLIENT NAME>. We are calling to do a monthly review of your account to make sure everything is up to date and answer any questions or concerns you may have. Do you have a minute to speak with me?   * + If **yes**, continue to next step.   + If **no**, ask when a good time would be to call back.   Before we get started, I need to let you know this call is being recorded for quality and training purposes. If I can get you to verify your zip code and year of birth. Thank you. | |
| Follow Up Call (Making a monthly follow up call as part of the Member Engagement program). | | Hello, is <FULL MEMBER NAME> available?   * If member confirms it is them on the phone, continue.   This is <AGENT NAME> with CVS Caremark Member Engagement Team on behalf of <CLIENT NAME>. I spoke with you back on <PREVIOUS CALL DATE> and I’m calling for your monthly follow up call. Do you have a minute to speak with me?   * + If **yes**, continue to next step.   + If **no**, ask when a good time would be to call back.   Before we get started, I need to let you know this call is being recorded for quality and training purposes. If I can get you to verify your zip code and year of birth. Thank you. | |
| Transition from Program Call (On the 6th month of reaching out to the member as part of the Member Engagement program, we will be placing the final call to the member as we transition them off the program.) | | All the member’s initial issues and concerns should have been met at this point.  Hello, is <FULL MEMBER NAME> available?   * + If yes, continue.   This is <AGENT NAME> with CVS Caremark Member Engagement Team on behalf of <CLIENT NAME>. We are calling to do our final monthly review of your account and answer any questions or concerns you may have; do you have a moment to speak with me?   * + If **yes**, continue to next step.   + If **no**, ask when a good time would be to call back.   Before we get started, I need to let you know this call is being recorded for quality and training purposes. If I can get you to verify your zip code and year of birth. Thank you. | |
| **2** | **Authenticate the Caller.** | | | |
| **If speaking with…** | | **Ask for the…** | **Then state the Quality Recording Disclaimer…** |
| Someone who represents themselves as the member/beneficiary. | | First and last name of the person we need to contact.   * If the person answering the phone says, "This is" or "Wait" and the person comes to the phone, AND they can provide the required authentication elements, we can take the person’s word they are the person.   + Year of birth (or full date of birth)   + Zip Code | I need to let you know that this call is being recorded or monitored for quality purposes.   * If caller requests that call not to be recorded, refer to [Inbound or Outbound Call Quality Recording Disclaimer CCR (024665).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dee979fb-f11b-40de-9201-611f8095e3a8) |
| **3rd Party**  (Authenticated member/beneficiary must give verbal permission on the call to speak with a 3rd party.) | | * First and last name of the person we need to contact. * Year of birth (or full date of birth) * Zip Code | I need to let you know that this call is being recorded or monitored for quality purposes.   * If caller requests that call not to be recorded, refer to [Inbound or Outbound Call Quality Recording Disclaimer CCR (024665).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dee979fb-f11b-40de-9201-611f8095e3a8)   Authenticated member must give verbal permission on the call to speak with a 3rd party.  Inform member we will require a POA or authorization form on file to speak with 3rd party on future calls.   * If we do not have one on file, we will require member to give verbal authorization on that call. |
| **3** | Initial Call Program Introduction only. (All other call types, proceed to Step 4.)  CVS Caremark’s member engagement team is a program where we reach out to you once a month over a 6-month period to go over your account. If we identify something that we can help you with, we’ll reach out to you. This being our first time contacting you I would like to ask; do you have any questions with your account?   * **If yes**, answer questions or concerns that member has on their account. * **If no**, continue.   Great, I’m glad to hear that.  Continue to [Demographic Information](#DemographicInformation). | | | |
| **4** | Demographic Information Ok, I do want to make sure your information is up to date on your account.   * Verify address. * Verify if this is the best contact # where you reached them. * Verify and update Email address. * If anything needs updating, make the necessary corrections. * If everything is correct, continue to [Educate on Messaging Preferences](#EducateonMessagingPreferences). | | | |
| **5** | Educate on Messaging Preferences. | | | |
| **If for…** | **Then…** | | |
| Email | If member does not have email on file, try to obtain one from member.  I want to make sure your information is up to date on your account. What is your email address?   * If email is obtained and member sets up for notifications, continue to educate on website. * If email is on file, verify email and if not set up for email notifications, then continue.     I can also set you up to receive your notifications through email. You can receive order status updates and refill reminders via email. Would that be Ok?   * If **yes**, enroll member in email notifications, continue to website education. * If member declined to add an email, continue.   Keep in mind this option is always available if you would like to set it up at a later time. It can help reduce the number of automated phone notifications you receive (if applicable). We could also send you a link to register your account on the website at Caremark.com if you choose to add an email.   * If email is on file and is set up for email notifications:   Keep in mind, you are set up for email notifications. We will send your order status updates and refills reminders via email.  Continue to [Website](#Website). | | |
| Website | If email is obtained or already on file, if not registered on website, educate on sending link to website.  I’m going to send you an email with a personalized registration page on Caremark.com. You’ll be able to check an order status, order refills, and check drug costs and coverage.  If the member declines:  Ok, if you change your mind, you can go to Caremark.com to register any time.   * If **yes,** send link, continue.   You should receive a registration link in the next few minutes. All you need to do is open the link, enter your name and date of birth, create a username and password, and fill out two security questions. Then you can view your account on Caremark.com.   * If member declines website, continue.   Caremark.com is always available to you if you ever want to access your account. All you need to do is go to Caremark.com at any time to register.  Continue to [SMS (text).](#SMSText) | | |
| SMS (text) | I would also like to let you know that your plan has a feature for text messaging. We can text you order status updates and when your prescription is available for refill. You can then then respond Yes or No to refill the prescription. I can set you up today, would that be Ok?   * If **yes**, proceed to enroll, continue to order status. * If member is already set up for text notifications.   Keep in Mind, you are set up for text notifications. We will send your order status updates and refills reminders via text.   * If **no**, continue.     This option is always available to you if you ever want to set that up on your account. | | |
| **6** | Check Order Status.    * Review the Order Status Screen for the member. * Provide update for orders that have shipped out recently, and let the member know prescription is in transit, and provide tracking if available. * Look for medications in Future Fill and give the member an update of dispensing date. * Look for prescription on Auto Refill; remind the member their prescription is on Auto Refill, and we are going to begin dispensing on <DATE>. * Look for prescriptions on Auto Renewal; remind the member their prescription is on Auto Renewal, and we will reach out to the Doctor’s Office to get a new prescription. * Look for prescriptions that are out of refills and offer to send a new prescription request (review Ready Fill at Mail screen to make sure prescription is not enrolled). * If not applicable, move to the Order Placement screen. | | | |
| **If prescription…** | | **Then…** | |
| Recently shipped out | | It shows your prescription <RX NAME & DOSAGE> shipped out on <DATE ORDER SHIPPED>. And it’s on the way to you.  You may also provide tracking information if available. | |
| Is in Future Fill | | It shows your prescription for <RX NAME & DOSAGE> is set to begin dispensing on the <DATE SET FOR DISPENSING>. Once your order is shipped, we will send you a notification by <MESSAGE PREFERENCES> letting you know it’s on its way. | |
| Is on Auto Refill and set to begin dispensing on a future date | | It shows your prescription for <RX NAME & DOSAGE> is on auto refill and is set to begin dispensing on <DATE SET FOR DISPENSING>. Once your order ships out we will notify you by <MESSAGE PREFERENCE> letting you know the prescription is on its way to you. | |
| Is on Auto Renewal and set to reach out to the doctor on a future date | | It shows your prescription for <RX NAME & DOSAGE> is on Auto Renewal, we are set to reach out to the Doctor to get a new prescription on <DATE SET TO REACH OUT TO DOCTOR>. Once we receive the prescription from the Doctor, we will notify you by <MESSAGE PREFERENCE> letting you know that we have received the new prescription, and it’s in process. | |
| Is on the Order Status screen and is Out of Refills | | * + 1. Review the Order Placement screen (to make sure we don’t have an Rx).     2. Review the Ready Fill at Mail tab to make sure not enrolled in Auto Renewal.   It shows your prescription for <RX NAME & DOSAGE> is currently out of refills. I can send a request to the Doctor’s Office requesting that they send a new prescription in for the medication. Would that be Ok?   * If **yes**, explain new prescription request process. Verify prescription information with member, including dosage and quantity. * If **no**, continue to Review Order Placement screen. | |
| **7** | Review the Order Placement Screen.  * Look for prescriptions past due for refill and see if member needs a refill. * Look for prescriptions available for refill within the next 14 days and offer to pull forward for refill.   Pulling forward any prescriptions that are available for refill in more than 14 days will place them on Indefinite Hold, and they will manually have to be refilled on the Next Fill Date.   * Look for opportunities to enroll prescriptions in [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de) (If Rx is available for refill and the member is interested, it would have to be ordered today to enroll). For California and Louisiana residents, refer to [Automatic Refill Program:  California Regulatory Changes to Medication Exclusions Job Aid (070485)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4346e7df-7d22-4e8f-8229-8f9421cadb34). * Look for duplicate prescriptions, prescriptions with different dosages, quantity changes in prescriptions, and old prescriptions, and verify if member is still taking. Discontinue the ones that the member is no longer taking. * Look to see if member has any prescriptions past due for refill.   I see your prescription for <RX NAME & DOSAGE> is past due for refill.  I can go ahead and refill that prescription for you today, that way you don’t have to call back to order it! Would that be Ok?” (Do this for multiple medications if necessary.)   * Review and determine if any prescriptions come available for refill in the next **14** days.   I see your prescription for <RX NAME & DOSAGE> comes available for refill on <NEXT AVAILABLE REFILL DATE> I can set it where on <REFILL DATE> it would begin dispensing automatically, that way you don’t have to take the time to order it. Would that be Ok?” (Do this for multiple medications if necessary.)   * + If member seems resistant about pulling forward refills after two (2) attempts with different medications, then continue.     I see your prescription for <RX Name & DASAGE> comes available for refill on <NEXT FILL DATE>. Do you have enough medication on hand to last until I call you next month?     * + If **no**, offer to enroll prescription in the [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de) if they are eligible.   We have an automatic refill program to help ensure you don’t run out of your medication. We’ll alert you by email, automated call, or text 10 days before your refill is due and you can confirm or cancel your refill. When your prescription expires or is out of refills, we will contact your doctor to get a renewal.  Would you like me to enroll your eligible prescriptions in Automatic Refills?  Are you doing Ok on all your medications for the next month?   * If **no**, address the medication. * If **yes**, continue. | | | |
| **If for…** | | **Then…** | |
| **Automatic Refill Program (ARP)**  For California and Louisiana residents, refer to[Automatic Refill Program:  California Regulatory Changes to Medication Exclusions Job Aid (070485)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4346e7df-7d22-4e8f-8229-8f9421cadb34). | | Look for opportunities to present auto refill and auto renewal.  Your plan offers Automatic Refill and Auto Renewal. Keep in mind these are two separate programs.  Automatic refill is every three months when your prescription comes available for refill, we will fill it and ship it out to you. We will notify you a few weeks ahead of time, that way, if you want to make any changes to the order, you can do so.  Automatic Renewal is if your prescription ever runs out of refills or expires, we will automatically reach out to your Doctor. When it’s time to get a new prescription, we will notify you a few weeks ahead of time on that as well. Would that be Ok?   * If **yes**, proceed to enroll member in [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de). * If **no**, continue.   There is the option to only do the auto renewal. If your prescription ever runs out of refills or expires, we will contact your Doctor for a new prescription?   * If **yes** to Automatic Refill and Auto Renewal, continue to disclaimer.   Keep in mind if your dosage ever changes or you get taken off the medication, be sure to notify us so we don’t continue to fill the medication <read disclaimer if enrolled in Automatic Refill and Renewal>.   * If **no**, continue.   Keep in mind if you ever decide you want to enroll, the option is always available through your plan. You can either call us or set it up through the website at Caremark.com.   * If member has some prescriptions enrolled in Auto Refill and Auto Renewal but some are not, continue. * If none are enrolled then enroll, refer to process above.   It shows you have some of your prescriptions set up for automatic refill and renewal, but there are a few that are not, would you like to set those medications up as well?  Proceed to review the prescriptions that are not on [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de) and confirm if member would like to have them placed on this program. | |
| **Different Dosages** | | One of the things that we try to do on your account when we call is account maintenance to ensure everything is accurate.   * If member has **different dosages of the same medication** on file:   It shows your prescription for <RX NAME> has multiple prescriptions on file with different dosages.    **Review the dosages of medication(s) with member and continue.**  Which one of these are you currently taking?  **Result:** Member provides current dosage.  Is it Ok for us to discontinue the <RX NAME & DOSAGE OF THE RX MEMBER IS NOT TAKING> from the account? This way it doesn’t accidently get ordered.   * If **yes**, continue to make a prescription level comment member is no longer taking this dosage and discontinue Rx. Do this for multiple medications if necessary and provide an explanation. * If **no**, continue.   Ok, this prescription will remain on the account until it expires or you choose to discontinue it.  You will receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.   * If **yes**, read disclaimer.   For each medication that is discontinued let them know that they will get a notification. | |
| **Quantity Changes**  (Member has the same medication on file with different quantities.) | | It shows your prescription for <RX NAME & DOSAGE> has multiple prescriptions on file with different quantities of how many you take daily.  Review the quantity listed on the prescription and determine the correct amount. Once correct quantity is verified, continue.  Is it Ok for us to discontinue the <RX NAME &DOSAGE & QUANTITY OF RX(S)> that you are no longer taking from the account? This way it doesn’t accidently get ordered.   * If **yes**, continue to make a prescription level comment indicating the member no longer takes this quantity amount on this Rx and discontinue. (Do this for multiple medications if necessary and provide explanation). * If **no**, continue.   Ok this prescription will remain on the account until it expires or you choose to discontinue it.  You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.   * If **yes**, read disclaimer.   For each medication that is discontinued let them know that they will get a notification. | |
| **Days Supply**  (If the member has multiple medications on file and the current prescription they have is for a 90-day supply, but there are prescriptions on file less than a 90-day supply) | | It shows that we have multiple prescriptions on file for <RX NAME & DOSAGE(S)>. Since we have a prescription on file for 90-day supply, can we go ahead and remove the prescription we have on file for a <DAYS SUPPLY SHOWN>?  **Example:** Most likely it may be a 30-day supply.   * If **yes**, continue to make a prescription level comment indicating member has a 90-day supply on file and discontinue. (Do this for multiple medications and if necessary, explain) * If **no**, continue.   Ok, this prescription will remain on the account until it expires or you choose to discontinue it.  You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it. We are only discontinuing the one for the <DAYS SUPPLY>. The prescription for your 90-day supply is still on file.   * If **yes**, read disclaimer.   For each medication that is discontinued let them know that they will get a notification. | |
| **Old Prescriptions** | | 1. Look for prescriptions on member’s file that has not been filled in 6 months or longer. 2. Review the [Order Status (084637)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d7705dc0-cfda-4193-8919-fadf9a303db4) and [Order Placement (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) screens to see if it’s a duplicate prescription.  * If duplicate prescription, ensure everything is the same, continue.   It shows we have duplicate prescriptions on file for <RX NAME & DOSAGE>. Is it ok that we go ahead and discontinue the older prescription from the account since we have an updated one on file?   * If **yes**, continue to make a prescription level comment indicating this is a duplicate prescription and discontinue. Do this for multiple medications if necessary and provide explanation. * If **no**, continue.   Ok, this prescription will remain on the account until it expires or you choose to discontinue it.  You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it. This is just the duplicate we are discontinuing.  For each medication that is discontinued let them know that will get a notification.   * If not a duplicate prescription:   It shows your prescription for <RX NAME & DOSAGE> has not been filled since <GIVE DATE OF LAST REFILL>. Are you still taking this medication?   * If **yes**, continue.   Are you doing ok on this medication, or do we need to place an order for it?   * If **no**, continue.   Ok, the prescription will remain valid until <EXPIRATION DATE OF RX>. If you need to order it past that date, we will need a new prescription from the doctor.   * If member no longer takes medications:   Is it ok for us to discontinue the <RX NAME MEMBER IS NO LONGER TAKING> from the account? This way it doesn’t accidently get ordered.   * If **yes**, continue to make a prescription level comment that member no longer takes this prescription and discontinue. (Do this for multiple medications if necessary and provide explanation.)   You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.   * If **yes** read disclaimer.   For each medication that is discontinued let them know that will get a notification.   * If **no**, continue.   Ok, this prescription will remain on the account until it expires or you choose to discontinue it. | |
| **8** | Prior Authorization or Clinical Exception Refer to [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) as needed.   * Review for expiring Prior Authorization on file through the Plan Benefit Override tab. * Educate and assist member on what would need to be done to get a new Prior Authorization. * Run [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) past the expiration date of the Prior Authorization (PA) to make sure the PA is still needed. * Check the last time that the member refilled medication to ensure they are still taking the prescription. * Once you are in the account and if the Plan Benefit Override tab is orange, click and check status of **Prior Authorization**, explain. * It shows your prescription for <RX NAME & DOSAGE> has a Prior Authorization that is valid from <DATE PRIOR AUTHORIZATION WAS APPROVED AND DATE IT’S SET TO EXPIRE>. * Review to determine if there are any recent claims for the medications and confirm member is still on medication.   + If **yes**, continue.   + If **no**, ends process if the member does not need a Prior Authorization (PA).   I will be happy to send a request to your prescriber’s office for additional clinical information.  Once the information is received from your prescriber, the Prior Authorization department will review it and, **if approved,** an override is placed in the system to allow for the medication to be covered.  **If denied**, you have the option to file an appeal (if MD uses EPA).   * Explain the [PA Turnaround time (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). * If member wants phone number for Doctor Office to submit a Prior Authorization request, validate phone # from the rejected Test Claim for the medication and continue. * If the medication that needs the Prior Authorization has not been filled in three months or longer, continue.   It shows your prescription for <RX NAME & DOSAGE> was last filled on <LAST REFILL DATE>. Are you still taking that medication?   * If **yes**, continue normal PA script (above). * If **no**, there is a not a reason to alarm the member the PA is expiring, continue.   Ok, I see it hasn’t been filled in a while, and wanted to make sure you didn’t still need it. | | | |
| **9** | Retail to Mail Educate member on maintenance medications that the member is currently receiving at the local pharmacy to determine if they want to switch them to Home Delivery/Mail Order.   * If member is receiving maintenance medication on 30-day supply, offer to reach out to get a 90-day supply of medications from their Doctor. * Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to illustrate the price savings (if any) by switching to a 90-day supply of their medication compared to filling a 30-day supply. * If member is receiving a 90-day supply at a local pharmacy; offer to reach out to their Doctor for new prescription request or submit task to have prescription transferred to Home Delivery/Mail Order. * If member is receiving a 30-day supply of maintenance medication at a local pharmacy:   It shows your prescription for <RX NAME & DOSAGE> you are currently getting on a 30-day supply at your local pharmacy. I can send a fax request to your Doctor’s office requesting that they send a 90-day supply of the medication into the Home Delivery/Mail Order pharmacy. Would that be ok?   * If **yes**, explain new prescription request process then verify prescription and Doctor’s information. * If **no**, run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) and if there is a Savings at the Home Delivery/Mail Order. Refer to rebuttal.   Keep in mind, right now you’re receiving the medication at a 30-day supply and you are paying <PRICE FOR 30DS ON TEST CLAIM> compared to if you switch it to Home Delivery/Mail Order for a 90-day supply you would pay <PRICE ON TEST CLAIM FOR 90DS>, so you would save some money by switching. I can send a request to your Doctor asking them to send it into the Home Delivery/Mail Order if you like?   * If **no** refer to rebuttal, then continue.   Ok. If you ever decide you want to switch your prescription to the mail order you can have your Doctor send a 90-day supply prescription electronically to our Home Delivery/Mail Order pharmacy or we can send a request to the Doctor for you at any time.   * If member is receiving medications for a 90-day supply at local pharmacy, continue.   I see you’re currently getting the <RX NAME & DOSAGE> at the local pharmacy for a 90-day supply. Do you want to keep it at the local pharmacy or would you like to switch it over to Home Delivery/Mail Order?   * If **yes**, continue. * If **no**, ends process.   Ok, I can go ahead and send a request to your Doctor requesting they send a prescription of a 90-day supply into Home Delivery/Mail Order for you.   * If member responds, indicating they want you to use the prescription that is at the local pharmacy and not reach out to Doctor for a new prescription, continue.   Was the prescription originally written for a 90-day supply, and does it have refills?   * If **yes**, submit a Resolution Manager (RM) task to have the prescription transferred and educate on the turnaround time.     We will let you know when we receive it and its next available refill date.   * If **no**, continue.   I would need to go ahead and submit a request to your doctor to get a new prescription for a 90-day supply, ok?   * If **yes**, submit and explain new prescription request process. Verify prescription and doctor Information. * If **no**, and member wants to keep it locally:   Ok. If you ever decide you want to switch your prescription to the Home Delivery/Mail Order you can have your Doctor send it into us electronically, or we can send a request to the Doctor for you at any time. | | | |
| **10** | Close the Call  **(For Transitioning off the program call, continue to next step.)**   * Reintroduce yourself again and state that you will be reaching out to them periodically (usually once a month). * Ensure that the member does not have any other questions or issues before you let them go. * Recap the call with the member and go over what you have done for them today.   We ordered your prescription for <RX NAME & DOSAGE> set it up on Auto Refill. I’ve sent you a link to register your account on the website at Caremark.com. We have sent a request to your Doctor for <RX NAME & DOSAGE>, and lastly your prescription for <RX NAME & DOSAGE> is set to begin dispensing on <DATE OF RX IN FUTURE FILL>.   * Reintroduce yourself, we want the member to know who we are when we call them back.   My name is <YOUR NAME>. I am with Caremark’s member Engagement team. I am going to be reaching out to you periodically, usually around once a month, just to go over your account, see if you have any questions or issues, or if I see something, I can help you with I am going to give you a call. Do you have any other questions before I let you go?   * + If **yes**, answer any other questions or concerns.   + If **no**, continue.   I do appreciate you taking the time to speak with me today. I hope you have a great day! | | | |
| **11** | Close the Call – Transitioning off the program  * + 1. Recap the call with the member and go over what you have done for them today.   It was a pleasure speaking with you the past few months. Going forward if you have any questions, please reach out to customer service. The customer service number is <CUSTOMER SERVICE NUMBER IN CIF>. Is there anything else I can assist you with?   * If **yes**, answer any other questions or concerns. * If **no**, continue.   I do appreciate you taking the time to speak with me today. I hope you have a great day.   * + 1. Notify member that this is the last call you will be making to them. * If member states they want to stay on the program. Ask member what reasoning is behind wanting to remain on the program.   In extenuating circumstances, you may offer to keep member on the program for two additional months. This should not be used frequently, and under special circumstances.  I do have the ability to keep you on the program for an additional two months.   * + 1. Address concerns, and let member know it was a pleasure working with them over the past 6 months.     2. Ensure the members questions or issues are resolved prior to releasing the call. | | | |

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| Related Documents |

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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

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