# 2025 WECare Companion Guide – WECare Quality Call Evaluation Overview for Care Representatives

[2025 WECare Quality Call Evaluation Companion Guide](#_Toc196830697)

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**Description:** Outlines the WECare process, providing insight into the various categories and criteria used to evaluate calls. Additionally, included in each category are tips for how to be successful. Every time we speak with someone, it’s an opportunity to be HUMAN, and demonstrate our Helping With Heart (HWH) Behaviors and show How We Care.

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| 2025 WECare Quality Call Evaluation Companion Guide |

A total of **100** points can be earned on the call. Each category that meets expectations will earn the number of points listed in the “weight” column.

Refer to the table below:

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| **Category** | **Weight** | **Expectations/Opportunity** |
| **Greeting**  Create a welcoming environment and provide a good impression.  **HWH: I provide a friendly greeting and offer my help.** | **3** | * Immediately answer call per LOB guidance. * Provide appropriate greeting/custom greeting, if applicable. * Thank the member for calling. * Introduce yourself by name. * Give the caller your full attention.   **Companion Guide:**   * Employees are expected to complete all the above expectations, when greeting members. * Give the caller your full attention when you hear the incoming call tone. * Ensure Compass or PeopleSafe, theSource, Team Chats, and Cresta are refreshed, open, and readily available.   **Example:**  Thank you for calling <client specific greeting, if applicable>. My name is <your name>. |
| **Authentication**  Protect member privacy; reduce the risk of privacy breach; allow members to feel safe and supported. | **11** | Authenticate caller as applicable to appropriate Line of Business work instructions.   * Non-CTI Authenticated caller:   + Obtain first/last name (caller/member).   + Obtain date of birth (DOB).   + Obtain zip code/plan sponsor (Client name).   + Obtain Member ID/MBI or Rx name/#. * CTI/IVR Authenticated: Verify who speaking with; take appropriate action based on who is calling. * Third party opportunity:   + Obtain caller first and last name. * Third party: Ask third party question: “Is the member aware you are calling today?” * Pharmacy/MD: Obtain NCPDP/NPI #/NABP# * Follow appropriate internal transfer authentication steps, verify caller authenticated. * Follow appropriate external transfer authentication steps, follow non-CTI authenticated caller process. * **SRT:** Authentication Cold Transfer/member refused authenticate with CCR: Did Sr Rep/CC follow authentication process?   **Companion Guide:**  Employees are expected to authenticate caller per Work Instructions.  **\*\*Reference Authentication Guide**  To be successful, you must authenticate callers before sharing any information or allowing account decisions to be made. |
| **Verify Member Information/Account Wellness**  Verify all pertinent member information to ensure member account is accurate and has the most current information. | **3** | Verify and update as needed, per Work Instructions:   * Verify/Update address. * Verify/Update phone number and type (mobile or landline). * Verify/Update email. * Perform Account Wellness review. * Update Messaging Preferences as needed.   **Companion Guide:**  Reference **Consultative Call Flow (CCF)** client specific Work Instructions. |
| **Determine Reason for The Call**  Actively listen and ask questions to determine root cause and reason for call.  **HWH: I listen and make sure I understand before I act.** | **8** | * Ask caller "Are you calling about a medication today?" / “What can I help you with today?" * If member is calling about medication, ask day supply of medication the member has on hand. * Actively listen to customer inquiry or concern. * Ask open-ended and probing questions to identify root cause and reason for call. * Paraphrase or restate caller's need to show understanding. * **SRT:** Determine urgency of call. * **SRT:** Determine assist or escalation.   **Companion Guide:**  Reference **Consultative Call Flow (CCF)**.  **Listen** and **anticipate** the member’s needs.  **Examples:**  What can I help you with today?  Yes, I can help you with…  The reason we ask for day supply on hand is to ensure our members do not run out or go without needed medications. We want to show empathy and provide options for our members. We do not want to assume the member has the medications they need until they receive their next supply.  Understand the positive impacts to members: You will ensure members do not run out of medication and you’ll make them feel that you are looking out for them.  Follow Compass guided language. **Example:** “Do you have more than 5 days supply of medication on hand?” |
| **Compliance**  Protect PHI/PII to create a safe environment in which members/beneficiaries can manage their benefits; support the Medicare Compliance Program by following CMS Guidance.  **HWH: I ensure the safety and well-being of others.**  **Medicare D Only:**  Was there an opportunity for a Grievance?  Was there an opportunity for a CD? | **11** | * Check Privacy Health Record (Padlock icon) and review privacy Information screen prior to assisting. * Protect Beneficiary PHI/PII/HIPAA. * Follow Coverage Determination, Redetermination and Appeal Process. * File grievance (GRV), as required per Work Instruction or Client Information Form (CIF). * File correct GRV type. * Report Fraud, Waste, and/or Abuse incidents. * Follow Clinical Inquiry protocols - transfer to Clinical Care. * Follow mandatory documentation and scripting requirements. * **SRT:** Ask if GRV has been filed for Medicaid.   **Companion Guide:**  To ensure compliance needs are met, reference **HIPAA Grid**.  **CMS Items:** Reference **Client Information Form** (CIF), for GRV/CD process  GRV Documentation (Compass) Work Instructions |
| **Verbal Presentation**  BE HUMAN: Create a positive and memorable member experience. Verbally demonstrate a willingness to serve the customer and tailor conversation to fit the member's need. - **What is said**. | **4** | * Use positive words or phrases/use positive verbal affirmations. * Explain processes in an easy-to-understand manner. * BE HUMAN: Communicate clearly and concisely. * Use simple/straight-forward language to explain complex details to the caller. * BE HUMAN: Use easy-to-understand language and avoid technical jargon. * BE HUMAN: Use basic verbal etiquette (please, thank you, etcetera). * Avoid negative connotations/opinions or comments about internal/external partners and/or processes. * Address caller by first name unless caller requests otherwise. * **SRT:** How to explain no, avoid saying “no” and provide options. * **SRT:** Avoid repeating the same answer.     **Companion Guide:**  **Examples:**  I am sorry you had this experience…  I realize how frustrating this may be…  I can see why you feel this way…  I know how confusing this must have been…  I understand the importance of your child’s needs, let me look into your account… |
| **Caller Impact**  BE HUMAN: Humanize Interactions with Heart. Interact on a customer level to address caller’s needs. Make members feel like you care about their well-being and understand their concerns. - **How it is said.**  **HWH: I create heartfelt, personalized moments.** | **7** | * BE HUMAN: Communicate with an enthusiastic, welcoming tone throughout the call. Vary tone, pitch, and inflection of voice. * BE HUMAN: Let the caller hear the smile in your voice. * BE HUMAN: Treat members as human beings, not as transactions. * BE HUMAN: Show empathy towards members' concerns and needs. * BE HUMAN: Acknowledge and connect with member statements. * Instill confidence (be sincere, assure member you are their advocate). * Remain respectful and professional throughout the call. * Match member's pace and refrain from speaking too fast. * Pause to allow customer to speak. Do not interrupt member while speaking.   **Companion Guide:**  You must be active listeners, ready to understand the full situation and impact to the member. Listening and empathizing humanizes the interaction.   * Listen carefully and repeat your understanding of their situation. * Allow member to vent their frustrations. * Stay positive and be patient. * Always be respectful and never minimize their concerns. |
| **Accuracy**  Provide accurate information based on source material as of date of call. | **11** | * Provide accurate information per Work Instruction/Client Information Form (CIF). * Provide accurate cost, coverage, and/or premium quotes (per CIF). * Select correct account or line of eligibility. * Give correct turn-around time (TAT) or order information. * Provide correct plan design/Client Information Form (CIF) information. * Provide accurate Prior Authorization (PA) information. * **SRT:** Do not rely on comments or CCR narrative.   **Companion Guide:**  Be sure to utilize resources and tools to ensure accurate information is provided to our members. |
| **Call Ownership**  Maintain ownership of all aspects of the call.  **HWH: I remove obstacles to make experiences easier.** | **7** | * BE HUMAN: Take responsibility for resolving member's issues. Provide a ‘yes I can’ statement/reassurance statement. * BE HUMAN: Set realistic expectations and clearly communicate them. * BE HUMAN: Let member know your purpose is to remove barriers to help them get their medication. * Create a hassle-free member experience. * Take ownership of repeat or transferred calls. * **Avoid transfer when possible.** * Avoid self-escalating call without researching; take steps to assist prior to escalating. * Avoid providing caller unnecessary homework. * Take over call when appropriate/eliminate pushback. * Display a sense of urgency. * **SRT:** Stay engaged while completing complex call or reaching out for support.   **Companion Guide:**  Refer to [Service Excellence - Customer Experience Guidelines and Expectations (020070)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fdcd68a6-f9f7-4dad-a08f-59c452d2b2d6).   * The Reassurance statement is meant to provide the member with confidence and reassurance that we are going to help, reassuring the caller they have reached the right person to assist and resolve their inquiry. You are reassuring and stating “I am the right person to help you”.   + Say it at the right time: After the caller has explained their reason for calling   + Reassure the member with a positive “I can help” statement   + Say it confidently; your tone matters just as much as your words   **Examples of Reassurance Statements:**   * Absolutely, I’ll be happy to assist. * I can definitely help you with your drug coverage question… * Yes, I can help you with your refill…   + Reassurance statements do not need to be verbatim; However, they should include both a positive affirmation and an assurance of our ability to assist the member.   As a best practice: Elevating the MEMBER Experience can be accomplished by Elevating the reassurance statement:   * “Absolutely! I can help you with your refill for atorvastatin.” * “I am happy to help you with your drug coverage question about Wegovy.” |
| **Call Handling**  Move effectively and efficiently through each attribute of the call. | **5** | * Maintain a flexible cadence throughout the call. * Maintain control of the call, keep conversation on track. * Avoid placing caller on hold to research. * Avoid long silences and non-interactive time. * Avoid extended hold times beyond LOB guidance. * Notify caller prior to placing a call on hold or before a long silence. * After a hold, thank the caller for holding. * Contact or transfer to correct Client/Dedicated Team. * Contact or transfer to correct internal department. * Contact or transfer to correct external department. * Perform warm transfer and avoid blind/cold transfers as appropriate. * Follow call disconnect process per Work Instructions. * Demonstrate effective/efficient system navigation, maintain flexible cadence and control of the call; keep the conversation on track.   **Companion Guide:**  Refer to Basic Call Handling document per your line of business.  **Examples:**  I definitely want to ensure we have an accurate answer for you. I will need to place you on a brief hold while I work to resolve this. May I check back with you in about <LOB specific> minutes, or would you prefer I check back sooner?  Thank you for holding; I apologize for the delay. |
| **Utilize All Available Tools**  Use all applicable programs, system applications, and resources to resolve caller's inquiry. | **8** | * Utilize available resources and Systems (**Example:** TEAMS Chat, AS400, ASD, GPS, etc.). * Utilize available Resources: Access /Reference CIF and/or Work Instructions. * Utilize available Resources: Follow all appropriate steps in CIF/WI. * Utilize available Resources: Access/Reference Correct CIF and/or Work Instructions. * Offer bridge supply. * Offer FastStart/New Rx Request. * Utilize ePA/submit Prior Authorization form. * Utilize MARx/Fazal/Compass GRV Tool. * Utilize test claims. * Utilize PeopleSafe/Compass to research. * **SRT:** Utilize SRT tools effectively.   **Companion Guide:**  Employees are expected to utilize all resources available to assist caller. |
| **Increase Member's Knowledge of Plan Design**  Provide complete cost and stages of coverage, anticipating member's questions and needs. | **4** | Provide as applicable to Work Instruction:   * Provide Plan Design details (TROOP, Coverage Gap, Catastrophic, Cost of Plan, etc.). * Provide drug copay disclaimer. * Provide drug coverage information. * Provide In-Network pharmacy. * Provide deductible. * Provide Premium Billing Inquiry and Dunning. * Provide formulary/alternatives.   **Companion Guide:**  Reference Work Instructions.  **Note:** TrOOP will vary by client and plan. Refer to the appropriate Client Information form (CIF) for specific Client/Plan TrOOP details.   * If the beneficiary chooses to purchase medications not covered by the plan, they are responsible for the entire out of pocket cost and these monies will **not** accumulate toward their MED D TrOOP. |
| **Education/Self Service Options**  Take time to explain the resources available to the member; share available self-service information or features to increase member's knowledge. | **3** | Educate as applicable to Work Instruction:   * Educate or enroll Caremark Messaging Platform (CMP) preferences. * Educate on website. * Educate on mobile app. * Educate on Auto Refill/Auto Renew. * Educate on Financial Assistance Programs. * View Opportunities when available and follow Health Engagement Engine (HEE). * **SRT:** Educate based on need and call type.   **Companion Guide:**  Depending on who is calling and the scenario, employees should follow appropriate Work Instruction.  **Note:** Third Party callers would not need to be educated on website or Auto Refill. |
| **Resolution**  Effectively utilize given information and perform appropriate action to solve the caller’s situation and provide **First Call Resolution**.  **HWH: I follow through, working with others to find solutions.** | **10** | * Identify and address all concerns. * Provide solution to critical needs in a timely manner. * Take committed actions to resolve issue. * Ensure all concerns have been addressed. * Summarize/Recap reason for the call, action taken, and next steps.   **Companion Guide:**  Reference **Consultative Call Flow** (CCF).  **Examples:**   * Summary/Recap:   + Attempt to summarize the call:     - As a best practice incorporate the following: * **REASON:** Include why the member called (when appropriate/applicable). * **ACTION/INFORMATION SHARED:** The information you provided to the caller. * **RESULTS/NEXT STEPS/TAT:** What was done for the member and the turnaround time (i.e., New RX Request, EPA request, etc.).   **Note:** Remember that the member may not know what a specific form or request is so you should explain exactly what these processes are, using words that a member can understand (i.e., Instead of saying “I submitted a new rx request” you can say “I sent a request to your doctor’s office for a new prescription.”).   * + - * + Today, you called in regarding the rejected claim for Vyvanse through the local CVS pharmacy. We discussed the medication requires a prior authorization to be covered, and I submitted and ePA from the doctor’s office for that. I advised once the form is received from the doctor’s office, it would take 24-72 hours to be completed. You have enough medication on hand until the decision is made on the prior authorization.         + Ensure all concerns have been addressed:  Was I able to fully address your reason for calling today?   **Note:** We should first provide a call summary of the call details before asking if the Caller’s concern has been resolved. If the resolution question is provided too soon, the member may assume the call is complete and hang up prematurely, leaving potential concerns/questions unaddressed. Call summary ensures that all inquiries have been fully resolved, reinforcing a positive service experience and preventing misunderstandings. |
| **Closing**  Conclude call by thanking the caller. | **3** | * Offer additional assistance, ask if there are any other concerns that may be addressed. * **SRT:** Confirm resolution is acceptable for member/caller and complete an account review. * Thank the caller for calling. * Close call with appropriate closing.   **Companion Guide:**  Reference **Consultative Call Flow** (CCF).  **Example:**  Ask if there are additional questions or concerns we can assist with.   * “Ok great! Is there anything else I can help you with?”   + This question offers additional assistance and gives the member another opportunity to potentially ask questions or solve other issue(s) while they have us on the phone. * “Wonderful! Thank you for calling and have a great day!” * Closing:   + Thank you for calling. It’s been a pleasure speaking with you, have a great day. |
| **Document The Account Appropriately**  Thoroughly and accurately document all significant aspects of the call in a clear concise manner. | **2** | * Select correct Primary Interaction Reason (PIR) and/or Primary Reason Detail. * Use correct Communication Direction/Disposition. * Follow Call Documentation Process. * Document using the FCR GRV template and Log Activity code 1319 (Health Plans only in PeopleSafe). * **SRT:** Reference number from any systems used as part of member resolution (Salesforce, etcetera).   **Companion Guide:**   * The account and call summary notes will be provided via Cresta. Refer to [Cresta Functionality and Processes (067901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f28dbdf4-4355-45be-95c4-6bda1c08a521) for more information. * Select the most accurate reason for the call.   Reference Universal Care - Consultative Call Flow (CCF) and appropriate Work Instructions for ending a call. |
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[Top of the Document](#_top)

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| Related Documents |

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

[Top of the Document](#_top)

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