# Compass - Handling Member & Prescription Complaints, Compliments or Suggestions

[High Level Process (HLP) Guide](#_Toc204182255)

[Process](#_Toc204182256)

[General Complaint Resolution](#_Toc204182257)

[Complaint Types and Resolutions](#_Toc204182258)

[Discrimination Complaint Resolution](#_Toc204182259)

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[Related Documents](#_Toc204182261)

**Description:** Describes how to effectively service our member when they are calling and requesting to submit a verbal/written discrimination complaint, compliment, or suggestion regarding our Mail Order or our Retail Pharmacy services.

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| High Level Process (HLP) Guide | |
| 1. [**Access**](#AccessandReviewMembersAccount) **and review the member’s profile.** | **For Written Suggestions, Compliments and Complaints:**  MED D beneficiaries, refer to [MED D Beneficiary Suggestions or Compliments (086043)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0520f32f-4166-4839-ade4-8f0c16157881). |
| 1. [**Identify**](#Identifywhatthecallerisrequesting) **what the caller is requesting and complete as appropriate.**  * [Suggestion](#Suggestion): Complete as directed and close the call. * [Verbal Compliment](#VerbalCompliment): Complete as directed and close the call. * [Complaint](#Complaint) | **Mail Order:**  <Mail Order Pharmacy Name>  Customer Care  PO Box 6590  Lee’s Summit, MO 64064-6590 |
| 1. [**Determine**](#DeterminethetypeofComplaint) **the type of complaint.**  * [Call Back / Escalation](#CallBackandEscalation) * [Communication received by member](#CommRevdbyMember) * [Discrimination](#Discrimination) * [HIPAA Disclosure](#HIPAADisclosure) * [Quality of Care](#QualityCareShipMethSizeBottTAT) * [Ship Method](#QualityCareShipMethSizeBottTAT) * [Size of bottles](#QualityCareShipMethSizeBottTAT) * [Turnaround Time](#QualityCareShipMethSizeBottTAT) * [All Other complaints](#AllOtherComplaints)   Do not submit a callback task. | **Retail:**  <Our Retail Pharmacy Name> Customer Relations One CVS Drive Woonsocket, RI 02895  **1-800-746-7287** **(1-800-SHOPCVS)** |
| 1. [**Take**](#TakeActionandResolvetheIssue) **action and Resolve the Issue.** |  |
| 1. [**Close**](#ClosetheCall) **the Call.** |  |

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| Process |

Perform the following steps:

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| **Step** | **Action** | | | | | | |
| **1** | Access Compass and review the members’ account.  [Return to HLP Guide](#_High_Level_Process) | | | | | | |
| **2** | Identify what the caller is requesting and complete as appropriate.  [Return to HLP Guide](#_High_Level_Process) | | | | | | |
| **If for a…** | **Then…** | | | | | |
| Suggestion | Proceed based on the type of suggestion to improve received: | | | | | |
| **If…** | | **Then…** | | | |
| The request is to improve something at a CVS **retail pharmacy** store, such as in the building, physical environment, signage etc. | | Provide the member with the Corporate Enterprises phone number (**1-800-746-7287**)and advise them to say:   * "Feedback about a store" or wait for the menu, then say * Say "Store Feedback” or press 1. | | | |
| The issue is related to **navigation or web** | | Educate the member on how to utilize. | | | |
| For **all other Suggestions** to improve | | Follow the steps below: | | | |
| **Step** | **Action** | | |
| **1** | Create a **Support task** as follows: (Any issues that have a separate task to initiate correction should not be submitted as a complaint or suggestion.) Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).   * **Task Type:** Suggestions * **Contact Name:** Enter the Caller’s name * **Contact Phone Number:** Enter the Caller’s phone number * **Medicare D Plan:** Verify if this is a Medicare D plan by entering **Yes** or **No** * **Source of Suggestion:** Enter who is providing the Suggestion; **Employee**, **Client**, or **Member** * **Suggestion/Complaint:** Select **Suggestion** from the field dropdown * Select an **Available Department** from the **Fulfillment** section and click the right arrow to move the selection to **Chosen:**    + Billing/Payment   + Caremark.com/Web Support   + CMP   + Customer Service   + IVR   + Mail Pharmacy   + Prior Approval   + Other (Enter Department in **Other Department** field) * **Task Notes:** Provide a brief summary of the suggestion. Provide the telephone number from which the member dialed in to us and the date of the call in question. | | |
| **2** | Create an email to your Supervisor indicating what the caller is requesting and include the Support Task ID. | | |
| **3** | Notify the member that you have sent the suggestion for review.  **Notes:**   * + If member prefers to mail the suggestion, refer to [Mail Order Mailing Address](#MailOrderAddress).   + We are not able to mail follow-up correspondence (Apology letters) to international addresses.   + We are not able to email follow-up correspondence. | | |
| Verbal Compliment  **Note:** For those managing voicemail, refer to [Shared Voicemail in Five9 (062181)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2240647c-5aff-4f7b-b6cd-0c83978b1810). | To ensure proper handling of your compliment, follow the process outlined for your site/location. Kudos will not be forwarded between site locations.  **Notes:**   * Make sure the member is the one who offers the compliment before you transfer them to the kudos line. * If kudos line VM is full, inform your supervisor of the issue. | | | | | |
| **If for…** | **Then…** | | | | |
| San Antonio  Orlando Commercial  Knoxville  Cary  Nashville Commercial | * + Ensure all concerns have been resolved.   + Advise the member that you will transfer them to the Kudos mailbox to record their compliment. Place the caller on hold.   + Dial the Kudos line specific to your location. | | | | |
| **Location** | | | **Kudos Line** | **Five9 Speed Dial Name** |
| San Antonio | | | 210-706-2299 | SAT Member Kudos |
| Orlando Commercial | | | 833-892-6533 | ORL Comm Member Kudos |
| Knoxville | | | 866-488-4712 | KNX Member Kudos |
| Cary | | | 877-264-2956 | Cary Member Kudos |
| Nashville Commercial | | | 833-892-7268 | NSH Comm Member Kudos |
| * + Record your name, Five9 extension, employee ID #, supervisor’s name, and member’s ID #, if applicable for location.   + Transfer the caller as follows: * **San Antonio, Orlando, Knoxville, Nashville, or Solon:** Warm Transfer. Advise caller that the line is already recording and that you will release from the line to let the member leave their message. * **Cary:** Cold Transfer to Kudos line. | | | | |
| Las Vegas | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to your Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Using your approved communication application (MS Teams), send a message to the Supervisor for the colleague who is receiving the compliment asking if they can take the call or advising them that the member will be transferred into their voicemail. * Warm transfer the caller to the supervisor’s line providing agent name, member name, and member ID number. * Send an email to your Supervisor with the following: * Subject Line: **\*SecureMail Compliment** * Body of Email include: Actual Compliment, member’s ID, name, date of birth, phone number and the following statement: This email may contain PHI or other sensitive information. | | | | |
| Vendor Sites | * Ensure all concerns have been resolved. * Send kudos/compliment to your immediate supervisor by email. Vendor or CVS supervisors who receive a compliment on a vendor colleague forward the compliment to the vendor management team as appropriate. * Subject Line: **\*SecureMail Compliment** * Body of Email include: Actual Compliment, member’s ID, name, date of birth, phone number and the following statement: This email may contain PHI or other sensitive information.   At no time should a vendor CCR ever give out a CVS email address for any operations teams. All compliments should be forwarded to the vendor colleague’s immediate supervisor. | | | | |
| Participant Services and Hawaii | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to the assigned Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Dial your direct supervisor (or POC). * Provide your name, member name, and member ID number. * Warm transfer to supervisor.   + If supervisor does not answer, provide your name, Agent ID #, member name, and member’s ID # to the voicemail box and warm transfer the member to leave a message. | | | | |
| Kansas City | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to your Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Dial your direct supervisor (or POC). * Leave first and last name of agent, and time and date of call. * Warm transfer member to supervisor voicemail box. * Send an email to your Supervisor with the following:   + Subject Line: **\*SecureMail Compliment**   + Body of Email include Actual Compliment, member’s ID, name, date of birth, phone number and the following statement: This email may contain PHI or other sensitive information. | | | | |
| Pittsburgh | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to your Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Dial your direct Supervisor (or POC). * Provide name of agent, Agent ID #, and member’s ID #. * Warm transfer member to Supervisor voicemail box. | | | | |
| Chandler | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to your Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Dial your direct Supervisor (or POC). * Provide name of agent, name of member, and member’s ID number. * Warm transfer member to supervisor voicemail box. | | | | |
| Solon | * Ensure all concerns have been resolved. * Ask the member to hold so that you can transfer the call to your Supervisor.   Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   * Dial your direct Supervisor (or POC). * Provide name of agent, Agent ID #, and member’s ID #. * Warm transfer member to Supervisor voicemail box. | | | | |
| Complaint | Refer to [General Complaint Resolution](#_General_Complaint_Resolution_1) section. | | | | | |

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| General Complaint Resolution |

Perform the steps below:

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| **Step** | **Action** |
| **1** | Determine the type of complaint:   * Call Back / Escalation * Communication received by member * Discrimination * HIPAA Disclosure * Quality of Care * Ship Method * Size of bottles * Turnaround Time * All Other complaints   [Return to HLP Guide](#_High_Level_Process) |
| **2** | Take action, resolve the issue found in the [Complaint Types and Resolutions Table](#_General_Complaint_Resolution) below for resolution, then close the call.  [Return to HLP Guide](#_High_Level_Process) |

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| Complaint Types and Resolutions |

Refer to as needed:

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| **Complaint Type** | **Action to Take / Resolution** |
| Call Back (member unable to stay on the line for resolution) **or** Escalations | Contact the **Senior Team**,or if the hold for the Senior Team is over **two** minutes, contact a Supervisor. Refer to the appropriate work instruction as needed:   * [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) * [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |
| Discrimination | Refer to [Discrimination Complaint Resolutions](#_Discrimination_Complaint_Resolution). |
| HIPAA disclosure | Refer to the [HIPAA (Health Insurance Portability and Accountability Act) – Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1). |
| * Quality of Care Complaint * Ship method used * Size of bottles we use * Turnaround time | Attempt to de-escalate the call.   * If the member wishes to submit a complaint, open a Complaint Support Task. Refer to [Compass – Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).   + **Task Type:** Suggestions   + **Contact Name:** Enter the Caller’s name   + **Contact Phone Number:** Enter the Caller’s phone number   + **Medicare D Plan:** Verify if this is a Medicare D plan by entering **Yes** or **No**   + **Source of Suggestion:** Enter who is providing the Suggestion; **Employee**, **Client**, or **Member**   + **Suggestion/Complaint:** Select **Complaint** from the field dropdown   + Select an Available **Department** from the **Fulfillment** section and click the right arrow to move the selection to Chosen:     - Billing/Payment     - Caremark.com/Web Support     - CMP     - Customer Service     - IVR     - Mail Pharmacy     - Prior Approval     - Other (Enter Department in **Other Department** field)   + **Task Notes:** Provide a brief summary of the complaint. Provide the telephone number from which the member dialed in to us and the date of the call in question.   **MED D** beneficiaries: Do not submit a Support Task.   * Review and immediately address any of the member concerns. * Review the Med D Grievances to determine if this is a topic for which we need to submit a grievance. If a grievance is required, submit and continue with the call. Refer to [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2).     For escalated, immediate issues transfer to the Senior Team. Refer to the appropriate work instruction:   * [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) * [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |
| Communication received by member | Review and immediately address any of the member concerns then help identify the document. Refer to [Compass - Viewing Communications (056371)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0238ae3-ea9b-4da2-b9c9-90c8d4ad62a8).   * If the communication cannot be identified using the above referenced document, it may be from the member’s benefit office. * Attempt to de-escalate the call. If unsuccessful, transfer to the Senior Team. Refer to the appropriate work instruction:   + [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9)   + [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7)   **Note:** If the member prefers to mail the complaint, refer to [Mail Order](#MailOrderAddress) address. |
| All Other Complaints | Address concerns with the member and attempt to de-escalate the call.   * If member prefers to mail the complaint, refer to [Mail Order](#MailOrderAddress) address. * If the member wishes to submit a complaint, follow the procedures below:   + For a CVSretail immediate need, provide the member with the Corporate Enterprise phone number (**1-800-746-7287**) and advise them to say:     - “Feedback about a store” or wait for menu, then say     - “Store Feedback” or press 1.   + For **Mail Order** immediate need; refer to the Senior Team. Refer to the appropriate work instruction:     - [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9)     - [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) * For **Non-Urgent,** open a complaint **Support Task** as follows:   Do not submit a callback task.   * **Task Type:** Suggestions * **Contact Name:** Enter the Caller’s name * **Contact Phone Number:** Enter the Caller’s phone number * **Medicare D Plan:** Verify if this is a Medicare D plan by entering **Yes** or **No** * **Source of Suggestion:** Enter who is providing the Suggestion; **Employee**, **Client**, or **Member** * **Suggestion/Complaint:** Select **Complaint** from the field dropdown * Select an Available **Department** from the **Fulfillment** section and click the right arrow to move the selection to Chosen: * Billing/Payment * Caremark.com/Web Support * CMP * Customer Service * IVR * Mail Pharmacy * Prior Approval * Other (Enter Department in **Other Department** field) * **Task Notes:** Provide a brief summary of the complaint. Provide the telephone number from which the member dialed in to us and the date of call in question. (If about our retail store(s), include the store location). |

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| Discrimination Complaint Resolution |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Access Compass and review the members’ recent cases and alerts. | |
| **2** | Determine the type of discrimination complaint. Select from the hyperlinked list below:  [Does not like their plan](#_Toc204182073)  [Disagrees with what their plan covers](#_Toc204182074)  [Rx covered before but not now](#_Toc204182075)  [Wants the same prescription that someone else receives](#_Toc204182076)  [Need to update account](#_Toc204182077)  [They are being discriminated due to their race, color, national origin, age, disability, or sex](#_Toc204182078)  [Belief that “religion” has been omitted in the list of covered civil rights in the Notice of Nondiscrimination](#_Toc204182079)  [They do not want to receive Notice of Nondiscrimination inserts in their mailings](#_Toc204182080)  [They feel Translation Services should not be or aren’t necessary for us or their plan to provide](#_Toc204182082)  [Member requesting a copy of a Notice of Non-Discrimination](#_Toc204182083)  [Language isn’t included in the Language access taglines located in the Notice of Nondiscrimination.](#_Toc204182084) [**Example:** Hebrew is missing.](#_Toc204182085) | |
| **If the caller indicates…** | **Then…** |
| Does not like their planDisagrees with what their plan coversRx covered before but not nowWants the same prescription that someone else receivesNeed to update account | Attempt to de-escalate the call by performing the following:   * Review and immediately address any of the member concerns. * Review and educate on the plan design by viewing the CIF located in theSource. * **MED D Representative:** Refer to [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2) and [MED D - Grievance vs. Coverage Determination - Decision Matrix (027480)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=06e8f82d-e7b7-4a60-9c81-3bf7c37aadbf). * Update the personal account information as needed. Refer to:   + [Compass – Add/Edit/Delete Mailing Address (053255)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9cfb4422-7129-4bca-b1ea-f1d6fa964906)   + [Compass – Add/Edit/Delete Email Address (053409)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e01087c4-421c-4330-bcb3-81cb8cb45762)   + [Compass – Add/Edit/Delete Phone Number (053256)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c37d4289-63b2-4732-a35c-c411cc26a29c)   + If member prefers to mail the complaint, refer to [Mail Order](#MailOrderAddress).   **If unable to** de-escalate the call, warm transfer to the Senior Team. Refer to the appropriate work instruction:   * [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) * [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |
| They are being discriminated due to their race, color, national origin, age, disability, or sex | * Exhibit empathy for caller. Refer to [Being a Power House - The Value of Empathy (006479)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=574c4d9a-35f0-44ac-aaec-97d9330c2802). * Continue to assist the caller to ensure any issues regarding plan design/coverage, etc. are addressed. * Review the CIF to identify if there are specific instructions for filing a discrimination complaint.   **Note:** The [Notice of Nondiscrimination (045543)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=05cc1cb1-203a-4ffb-8e2c-731dd498cd30) insert is not sent with every member communication, but only those required by ACA1557. **Examples:**  Enrollment materials, welcome kits, and PA/appeals outcomes.   * Advise the caller if they still wish to file a complaint for Non-Discrimination, they may contact the Office for Civil Rights (OCR):   + **Electronically** through the OCR Complaint Portal, available online at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>   + **By Mail** (Complaint forms are available online at <http://www.hhs.gov/ocr/office/file/index.html>.):   U.S. Department of Health and Human Services  200 Independence Avenue, SW  Room 509F, HHH Building Washington, DC 20201   * **By Telephone:** 1-800-368-1019 (TTY: 711)   **Note:** If unable to de-escalate the call, then warm transfer to the Senior Team. Refer to the appropriate work instruction:   * [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) * [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |
| Belief that “religion” has been omitted in the list of covered civil rights in the Notice of Nondiscrimination | **Icon - Important Information** The PBM’s Notice of Non-discrimination is based on a template provided by the United States Department of Health and Human Services, Office of Civil Rights.” The notice complies with a provision, enacted as part of the Affordable Care Act (ACA), prohibiting discrimination based on race, color, national origin, sex, age or disability in certain health programs or activities. The ACA nondiscrimination provision does not replace, modify or limit existing nondiscrimination protections under federal and state law, including those related to religious beliefs.   * If the member is covered under a health plan that does not cover certain medications or supplies based on the faith of the sponsoring organization or plan, the organization offering coverage through the health plan may qualify for certain accommodations based on religious objections. |
| They do not want to receive Notice of Nondiscrimination inserts in their mailings**Or**They feel Translation Services should not be or aren’t necessary for us or their plan to provide | There is no ability to accommodate a member “opt-out” request.  The United States Department of Health and Human Services, Office of Civil Rights requires certain health plans to include a Notice of Nondiscrimination and Language Access taglines in “significant” communications. |
| Member requesting a copy of a Notice of Non-Discrimination  **Note:** When the Notice of Non-Discrimination is mailed, an Auxiliary notice will automatically be included. | 1. Complete the following Support Task:   **Type:** Fulfillment  **Type of Form:** Authorization Release Form  **Requested Info:** One Time Release Form  **Completed all required and applicable fields**  **Add the following Notes:**  Member is requesting a copy of ACA Notice of Non-Discrimination and Auxiliary Notice to be mailed.     1. Click **Save**. |
| Language isn’t included in the Language access taglines located in the Notice of Nondiscrimination.**Example:** Hebrew is missing. | The United States Department of Health and Human Services, Office of Civil Rights (OCR) requires certain health plans to inform individuals with limited English proficiency about the availability of language assistance services by providing taglines in significant communications.  The taglines must represent the top 15 languages spoken by individuals with limited English proficiency in the relevant state or states, based on U.S. Census Bureau data and other sources.  Icon - Conversation We support verbal translation for over 100 languages.  **CCR:** Refer to [Language Assistance Verbal Written Translation and Hearing or Speech Impaired (036465).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b1b303b-6046-4a45-8392-da51589d10f5) Offer to transfer to a Language Line interpreter if the member would like to speak about their concern with someone who speaks their language.  Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) and/or [Phone Numbers (Contacts, Departments, Directory, Addresses, Hours, and Programs) (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad)  Icon - Conversation Would you like us to print a specific document that you recently received translated into your primary language?  **CCR:** Offer verbal translation service first; if declined, indicate you can process a one-time request in their language.  Refer to [Language Assistance Verbal Written Translation and Hearing or Speech Impaired (036465)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b1b303b-6046-4a45-8392-da51589d10f5). |

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| Turn Around Time |

Up to three (3) business days or refer to the Support Task submitted.

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| Related Documents |

[Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)

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

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

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