**Med D Book of Business - Coverage Determination, Appeal and Grievance (CDAG) Automated Call Log Review Process (ACLR)**

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**Description:** Instructions for tracking and reporting by the CCRs designated to review the possible Coverage Determination, Appeal and Grievance Opportunities identified in Verint Five9, and Compass.

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| **Overview** |

The CCR Reviewer will review call logs, listen to all calls, determine whether additional steps are required, and classify each opportunity within the Verint Five9 evaluation form. Remediation for missed opportunities should be completed by the ACLR reviewer. [See reference documents](#_References_for_Reviewing) for reviewing opportunities.

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| **Viewing Identified Opportunities** |

Follow the steps below:

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| **Step** | **Action** |
| **1** | Open Verint Five9. |
| **2** | * If it is your first time, create and save a quick search with the following parameters     **Note:** If searching for a specific client add that information via the custom data tab. Remember to add an asterisk before and after the client name/client code. We recommend using the first few characters of the client code to capture different groups for that client.  A screenshot of a computer  AI-generated content may be incorrect.   * If you have already made a saved search, select it to populate call list. |
| **3** | When the list populates, select a call at random to review. |
| **4** | In the form dropdown box, select the **ACLR\_Evaluation\_158267** form. |
| **5** | * Play call and review account to ensure any GRV or CD opportunities were handled correctly. * Remediate any missed opportunities by filing GRVs and/or submitting CD requests as appropriate. For client handled GRV or CD opportunities, document the opportunity in the ACLR form and request supervisor follow up with the CCR to ensure the opportunity is remediated.   **Note:** ACLR team should not make outbound calls to members. All remediations must be submitted in Compass under Interaction Case. |
| **6** | Complete form by selecting the appropriate responses to the questions. Document the outcome in the additional comments section, then copy and paste those notes into Compass when closing the account.  See the [ACLR Documentation in Compass](#_ACLR_Documentation_in) section for more details and examples. |
| **7** | For internal handled, missed opportunities, send coaching via Verint Five9 by selecting the email icon and emailing the supervisor a link to the call. Enter the email subject as follows: “Coaching needed – missed <GRV, CD, or GRV and CD> opportunity”.  A red arrow pointing to a box  AI-generated content may be incorrect.  For vendor opportunities, submit coaching through SharePoint. Refer to the [Sending Coachings through SharePoint](#_Accessing_the_SharePoint) section for more details. |
| **8** | Click **submit** to finalize and save the form. |
| **9** | Randomly select a next call and repeat the steps above. |

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| **Identifying When Coverage Determination and Grievance Passed** |

**Grievance Passed if:**

* A Grievance was filed in Compass for the issue on the call.
* Grievance already filed in Compass for the same issue and the Grievance is in **Open** or **In Progress** status (CCR did not file another one).
* First Call Resolution was filed in Compass on the same day for the same issue (CCR did not file another one).
* Client handles Grievance and CCR correctly followed the CIF for that client. Refer to [Documenting a Client-handled Grievance](#_Documenting_a_Client-handled).
* CCR warm transferred to any department that is responsible for filing the Grievance the transfer is regarding, i.e., Premium Billing, Senior Escalation, etc.

**Coverage Determination Passed if:**

* Compass or MHK Nitro shows a CD was created that corresponds to the date/time being reviewed.
* Notes in Compass indicate an offer for a CD was declined that corresponds to the date/time being reviewed.
* CCR correctly submitted the CD&A Support Task.
* CCR correctly followed the process in the CIF for when the client handles the CD process.
* CCR correctly followed the CIF for CDPHP and directed member or doctor to website for CD request. Refer to the [CDPHP Prior Authorization/Medical Exception Process (020670)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e2bea7ee-870b-4316-b8ae-2544ed19c143) of the CIF.

Refer to the table below:

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| **Resolution Code** | **Definition** |
| **Fail-Both CDAG** | Both Coverage Determination and Grievance Opportunities not completed |
| **Fail-CD** | Coverage Determination Opportunity not completed |
| **Fail-GRV** | Grievance Opportunity not completed |
| **Fail CDA-Pass GRV** | Coverage Determination Opportunity not completed but Grievance completed |
| **No CDA or GRV Opp** | No Opportunities identified |
| **Pass-Both CDAG** | Both Coverage Determination and Grievance Opportunities Completed Successful |
| **Pass-CD** | Coverage Determination Opportunity Completed Successful |
| **Pass-GRV** | Grievance Opportunity Completed Successful |
| **Pass CDA-Fail GRV** | Coverage Determination completed but Grievance Opportunity not completed |

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| **ACLR Documentation in Compass** |

You must always document ACLR Review, date, time of the call you are reviewing, and the name of the CCR who took the call.

To determine if an opportunity exists, refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals) (064997)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff) as needed:

Clearly indicate your decision on the call:

1. No CD or Gr Opp
2. Pass – CD
3. Pass – GRV
4. Pass Both – CDAG
5. Fail – CD
6. Fail – GRV
7. Fail Both – CDAG
8. Fail CDA – Pass GRV
9. Pass CDA – Fail GRV

Documentation required by decision:

1. No CD or Gr Opp – ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call.
2. Pass – CD: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, the action CCR took that made it a pass.  
   **Example:** Member calling on Metformin that required a PA. CCR created a CD&A Support Task.
3. Pass – GRV: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the reason for the Grievance, how the CCR handled the Grievance to make it a pass.  
   **Example:** Member upset about the long hold time to get to a person. CCR apologized and educated member on high call volume. Filed a FCR GRV in Compass.
4. Pass Both – CDAG: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, the action CCR took that made it a pass. The reason for the Grievance, how the CCR handled the Grievance to make it a pass.  
   **Example:** Member calling about Metformin that required a PA, CCR created a CD&A Support Task. Member was upset about the processing time as they were at the pharmacy now. Educated member on the PA process and filed an FCR GRV in Compass.
5. Fail – CD: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, why it was a fail, how you remediated.  
   **Example:** Member called in on the high cost of Metformin. CCR advised that was the copay and did not let the member know it was non formulary. Filed Support Task <Support Task #> to start CD for Metformin.
6. Fail – GRV: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, What the Grievance was, why the CCR failed, how you remediated.  
   **Example:** Member was upset that the previous CCR had provided wrong information. CCR apologized but did not file a Grievance. Filed <GRV#> in Compass.
7. Fail Both – CDAG: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, why it was a fail, how you remediated. What the Grievance was, why the CCR failed, how you remediated.  
   **Example:** Member was upset that the previous CCR had provided wrong information, CCR apologized but did not file a Grievance. Filed <GRV#> in Compass. Member had been told by prior CCR that the medication Metformin was not covered by the plan, the medication is covered but requires a PA, the CCR did not offer the PA to the member. Created a CD&A Support Task
8. Fail CDA – Pass GRV: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, why it was a fail, how you remediated. The reason for the Grievance, how the CCR handled the Grievance to make it a pass  
   **Example:** Member was very upset that their Metformin was listed on their formulary received, but now has been taken off the formulary. CCR filed a FCR GRV in Compass for the formulary but did not start a CD for the Metformin. Submitted Support Task <Support Task #> for coverage determination for Metformin.
9. Pass CDA – Fail GRV: ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call, the name of the medication involved, the action CCR took that made it a pass. What the Grievance was, why the CCR failed, how you remediated.  
   **Example:** Member was very upset that their Metformin required a PA to be covered by the plan, educated the member on the CD process and CCR created a CD&A Support Task. Member advised process would take too long as needed the medication today, CCR failed to file a GRV for the CD process, filed an FCR GRV in Compass <GRV#>.

**Enhanced Grievance Fail Documentation:**

There are several situations where we are not failing a Grievance but the CCR made an error when completing the grievance. In these situations, we will document as a Grievance pass.

** Note:** The Grievance Team is reviewing 100% of FCR Grievances for Health Plans and NEJE. Do not send any enhanced Grievance coachings for these clients as this will create a duplicate coaching.

**Examples:**

* CCR filed as standard but it should have been FCR.
* CCR filed as FCR but it should have been standard.
* The Grievance was valid but the CCR had poor documentation.

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| **Documenting a Client-handled Grievance** |

For client-handled Grievance, refer to the CIF

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| **Remediating Missed Opportunities** |

Perform the steps below based on review of Coverage Determination and Grievance Opportunities:

**** Always make sure you check the CIF to confirm if the client handles the CD or Grievance. Please reference the following Remediation Work Instructions if there is a fail:

* [Compass MED D - When to File a Grievance in Compass (066741)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=8895dffc-cf45-44d4-b795-c4d95f7bd555)
* [MED D Book of Business – Coverage Determination/Appeals CCR Missed Opportunity (Reviewers and Supervisors Only) (003249)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=29b5f865-51b7-46c4-81fd-848bb23afa0a)
* [Med D Book of Business – Grievance CCR Missed Opportunity (Reviewers and Supervisors Only) (003250)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=be289feb-8696-451b-ac8e-e066c604f41e)

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| **Step** | **Action** | | | | |
| **1** | Determine if there is a Coverage Determination and/or Grievance Opportunity. Follow the instructions in the chart below depending on the opportunity (missed or completed): | | | | |
| **If…** | **Then…** | | | |
| **Coverage Determination Opportunity/**  **No Grievance Opportunity** | Proceed as follows: | | | |
| **If Coverage Determination…** | | **Then…** | |
| Failed | | Proceed to [Coverage Determination Failed](#CDFailed) below. | |
| Passed | | * Status = Closed * Add Notes = CD was already initiated * Resolution = Pass-CD * Save | |
| **Grievance Opportunity/**  **No Coverage Determination Opportunity** | Proceed as follows: | | | |
| **If Grievance…** | | **Then…** | |
| Failed | | Proceed to [Grievance Failed](#GRVFailed) below. | |
| Passed | | * Status = Closed * Add Notes = GRV was already filed * Resolution = Pass-GRV * Save | |
| **Both Coverage Determination and Grievance Opportunity** | Proceed as follows: | | | |
| **If…** | | **Then…** | |
| Coverage Determination Failed/ Grievance Passed | | Proceed to [Coverage Determination Failed](#CDFailed) below. | |
| Coverage Determination Passed/ Grievance Failed | | Proceed to [Grievance Failed](#GRVFailed) below. | |
| Both Coverage Determination and Grievance Failed | | Proceed to [Both Coverage Determination and Grievance Failed](#CDaGFBothailed) below. | |
| Both Coverage Determination and Grievance Passed | | Proceed to [Coverage Determination and Grievance Passed](#CDaGBothPassed) below. | |
| **No Coverage Determination or Grievance Opportunity** | * Status = Closed * Add Notes = No CD or Grievance Opportunity Found * Resolution = No CD or GR Opp * Save | | | |
| **Coverage Determination Failed** | Determine if a Client or CVS handle the Coverage Determination.  For Clients: Follow the CIF for applicable Client.  If CVS: Submit CD&A Support Task.  Determine if the Coverage Determination request is Standard or Expedited.    Turnaround times for Coverage Determination Decisions:   * **Standard Requests** – **(Prior Authorization, Exceptions)** Decision within **72 hours** from date/time of receipt of valid request but may be up to **48 hours** for exception requests if a statement of medical necessity is needed from the Prescriber.   + This includes nights, weekends and holidays.   + **TIPS for Standard:**     - The caller does not indicate urgency or an expedited review = standard. * **Expedited Requests** – Decision within **24 hours** from date/time of receipt of valid request but may be up to **36 hours** for exception requests if a statement of medical necessity is needed from the Prescriber.   + This includes nights, weekends and holidays.   + **TIPS for Expedited:**      - The caller indicates that an expedited review is needed (Low on medication, serious harm to the beneficiary’s health) = expedited.     - A request is considered expedited if any the following urgent indicators are present within the context of applying a timeframe to the review:       * Expedite       * Urgent       * Immediate       * Stat       * Emergency       * Exigent       * 24 hours or today/tomorrow       * Patient is out of medication.       * Patient will be hospitalized if they do not receive the medication.   **Submit Support Task:**   * **Task Category:**  Med D – CD/ * **Task Type:**  Standard Coverage Determination/PA or Expedited Coverage Determination/PA   **Select the appropriate CD&A Category and CD&A Type**  **REQUIRED Support Task Fields:**   * Participant Phone Number (Area Code – Phone - Extension) * Prescriber Name * Prescriber Phone Number (Area Code – Phone - Extension)   + NDC, including Drug Name and Strength   **Notes Field:**  The following information is required:   * The oral request in writing **(in the requestor's own words**) * Prescriber fax number   + It is **ESSENTIAL** to add the prescriber’s name, phone, and fax number and document them in the Support Task. * Quantity and Day Supply for the medication * Reject Code for the medication   **Reminder:** Complete **ALL** required fields, which are marked with an **asterisk (\*)**. | | | |
| **Close out assigned RM Task** | With No Grievance | | Complete Support Task   * Status = Closed * Add Notes = *outline steps taken and how the issue was resolved* * Resolution = Fail-CD * Save |
| With Grievance Passed | | Complete Support Task   * Status = Closed * Add Notes = *outline steps taken and how the issue was resolved* * Resolution = Fail CDA-PASS GRV * Save |
| **Grievance Failed** | Determine if a Client or CVS handle the Grievance.  For Clients:  Indicate in coaching that follow-up is needed.  If CVS: Submit a Grievance in Compass. Refer to Compass MED D - How to File a Grievance in Compass. | | | |
|  | **Both Coverage Determination and Grievance Failed** | Determine if a Client or CVS handle the Grievance.  For Clients: Indicate in coaching that follow-up is needed.  If CVS: **Coverage Determination actions:**   * Submit a CD&A Support Task   Determine if the Coverage Determination request is Standard or Expedited.  Turnaround times for Coverage Determination Decisions:   * **Standard Requests** – **(Prior Authorization, Exceptions)** Decision within **72 hours** from date/time of receipt of valid request but may be up to **48 hours** for exception requests if a statement of medical necessity is needed from the Prescriber.   + This includes nights, weekends and holidays.   + **TIPS for Standard:**     - The caller does not indicate urgency or an expedited review = standard. * **Expedited Requests** – Decision within **24 hours** from date/time of receipt of valid request but may be up to **36 hours** for exception requests if a statement of medical necessity is needed from the Prescriber.   + This includes nights, weekends and holidays.   + **TIPS for Expedited:**      - The caller indicates that an expedited review is needed (Low on medication, serious harm to the beneficiary’s health) = expedited.     - A request is considered expedited if any the following urgent indicators are present within the context of applying a timeframe to the review:       * Expedite       * Urgent       * Immediate       * Stat       * Emergency       * Exigent       * 24 hours or today/tomorrow       * Patient is out of medication.       * Patient will be hospitalized if they do not receive the medication.   **Submit Support Task:**   * **Task Category:** Med D – CD/ * **Task Type:** Standard Coverage Determination/PA   **Select the appropriate CD&A Category and CD&A Type**  **Key Fields:**   * Participant Phone Number (Area Code – Phone - Extension) * Prescriber Name * Prescriber Phone Number (Area Code – Phone - Extension) * NDC, including Drug Name and Strength   **Notes Field:**  The following information is required:   * The oral request in writing **(in the requestor's own words**) * Prescriber fax number   + It is **ESSENTIAL** to add the prescriber’s name, phone, and fax number and document them in the Support Task. * Quantity and Day Supply for the medication * Reject Code for the medication   **Reminder:** Complete **ALL** required fields, which are marked with an **asterisk (\*)**.  **Grievance Actions:**   * File the grievance; the date reported in Compass should be the original date and time of the original call into Care.   Submit a Grievance in Compass. Compass MED D - How to File a Grievance in Compass | | | |
| **Coverage Determination and Grievance Passed** | Document in evaluation form:   * Status = Closed * Add Notes = CD and/or Grievance was verified as completed * Resolution = Pass-Both CDAG * Submit | | | |

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| **Sending Coachings through SharePoint** |

Access the [Care Coaching Site](https://aetnao365.sharepoint.com/sites/CareCoachingSite) site.

**** It is recommended to save the **Customer Care Coachings** site as a [Bookmark](file:///C:\Users\c506343\Downloads\TSRC-PROD-015435).

Perform the steps below:

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| **Step** | **Action** |
| **1** | Click on **Coaching**.  A screenshot of a computer  AI-generated content may be incorrect. |
| **2** | Click **Add** **new item**.  A screenshot of a health app  AI-generated content may be incorrect. |

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| **Logging a New Coaching Record** |

Perform the steps below:

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| **Step** | **Information** |
| **1** | * Enter agents name: Last name, First name. * Select the correct CCR. * Answer the question has there been a change in Supervisor?   **Result:** The rest will then fill in the whole section for you.  A screenshot of a coaching form  AI-generated content may be incorrect. |
| **2** | Fill in the following fields:   * Agents Company/ Location * Member ID and Member name * LOB for the agent * Client code   **Note:** Once you start to type the client code, they will populate, and you can select the correct one.  A screenshot of a computer  AI-generated content may be incorrect. |
| **3** | Change **Add Call Information** to **YES** and add Call Review Type, **Call ID** (In Verint Five9 it is called Contact ID and can be found right on the form screen), **Call date**,and **Call Time** in appropriate field.  A screenshot of a computer  AI-generated content may be incorrect. |
| **4** | For **Primary Identifier** use agent’s QCP# or equivalent. For **Secondary Identifier** use the member’s external ID number. You only need to put one of these in the primary identifier field, the others do not have to be filled out.  **Note:** Refer to Sharepoint Global Roster for locating the QCP#/CID/ZID.  A screenshot of a computer  AI-generated content may be incorrect. |
| **5** | Enter information for Coaching 1:   * Select Drop Down for Department/Area and select **ACRL**. * Select Drop Down for Coaching 1: Level 1 and select value that applies to your call.   A screenshot of a computer  AI-generated content may be incorrect.  **Note:** If an additional coaching is needed, such as more than one opportunity on the call, select **Yes** in the Add Additional Coaching dropdown, and it will allow you to select the second coaching needed.  A screenshot of a computer  AI-generated content may be incorrect. |
| **6** | * Provide Coaching details: Fill out all 4 boxes regarding the call and Remediation. * People safe comments should be CCR/Cresta notes in compass * Remediation comments should be the Grievance/CD information that was submitted such as Grievance # or Support Task #. * Summary of Issue/Call Error should be what happened on the call as well as how the CCR assisted. * Coaching Recommendation/Opportunity Should indicate what error was made and what WI the CCR should have used that would have shown them correct processes for the issue. Please be detailed.   A screenshot of a computer  AI-generated content may be incorrect.   * Then, complete the last part of the section.   A screenshot of a computer  AI-generated content may be incorrect.  **Note:** Member outreach/Action needed section: This would remain No unless the Member needs to be reached. In that case, select Yes and complete the note box.  A screenshot of a computer  AI-generated content may be incorrect.   * + In the additional individuals to be included, select Leaders: **Starks, Cindy M.** and **Harris, Gloria G.**.   **Note:** Thier names will populate once you begin typing them.   * + Member Impact should be filled out accordingly.   + Priority should be filled out accordingly   + Date Coaching Due/ Date to conduct coaching should be 7 days for standard and 3 days for escalated (which typically is only used when the member needs to be contacted or call needs reviewed for compliance concerns).   **Note:** Do not put in a Time as it may cause the form to malfunction and not save. 12 am is auto populated. |
| **7** | **Click Save And Submit**.  **Result:** Coaching has been completed. |

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| **ACLR Checklist for Every Call Review** |

1. Did you correctly document the account with your decision, making sure to include ACLR Review, date and time of the call you are reviewing, name of the CCR who took the call?
2. For a Pass did you include in your documentation what the pass was for and why you passed it?
3. For a Fail did you include in your documentation what the fail was for and how you remediated it?
4. For a Fail decision did you send the coaching?
5. If a Pass but coaching needed, did you submit the coaching?

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| **Unique Situations** |

**Situation 1:** We may listen to a call and determine it is a valid Grievance that the CCR filed. We can then see that the Grievance Team cancelled that Grievance as invalid. The GRV Team may cancel as an inquiry, or a CD due to poor documentation. When we come across these should we file a new Grievance correctly and send a coaching. Errors like this may occur because the GRV team does not listen to the calls.

* If the call is reviewed and there is indication of dissatisfaction that the CCR missed in the documentation, file the GRV with correct documentation if it is within 5 days of the original call date. Coaching also should be submitted for the CCR. This would be coded as a Grievance pass.

**Situation 2:** We listen to a call and determine that the Grievance was invalid, but a Grievance was filed and closed as valid by the Grievance Team. This can happen in an FCR situation, as the Grievance Team is not able to review all the FCR Grievances, and most of them are closed automatically. Should we let stand as decided and mark as a GRV pass, or should we just mark as no opportunity. We are not able to cancel a Grievance that has already been closed.

* Mark as No Opportunity but generate a coaching for the error.

**Situation 3:** We listen to a call and determine that the Grievance was invalid, but a Grievance was filed and is still showing as in process in Compass or MHK Nitro. While we know the Grievance was invalid, we do not know what final decision the Grievance Team will make. What decision should we use for this call and how should we document it.

* Mark this as a Grievance pass, but we would only document the reason for the call and that a Grievance was filed, no dissatisfaction statement should be documented.

**Situation 4:** We listen to a call where the member was expressing dissatisfaction and the CCR needed to transfer to another department for assistance (EX. Senior Escalation). This would result in 2 different closings of our call. If the CCR does not tell the receiving representative that the member was upset, it would be marked as a Fail. But if the CCR does tell the receiving representative that the member expressed dissatisfaction on the call it would be labeled as a Pass.

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| **Related Documents** |

**Parent Document: CALL-0048:** [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0048)

[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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