# Compass MED D - Call Documentation Job Aid

[Call Documentation Notes](#_Toc148998413)

[Service Requests (Auto Documentation) vs. Manually Documented Call Types](#_Toc148998414)

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**Description:** When documenting a call, the details of the call must be noted on the beneficiary’s account. This document outlines the proper way to document a call.

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| Call Documentation Notes |

 **Case Comments** is a required field when closing a case and has a 50-character minimum. To add documentation and close a case in Compass, refer to [Compass - Call Documentation](TSRC-PROD-050011).

To remain compliant with CMS guidance, documentation is required each time a beneficiary’s account information is accessed. With any of these situations, any person involved should be able to read the documentation on a beneficiary’s account and understand fully what has transpired in order to resolve the beneficiary’s issue.

This information is **critical** when research is necessary and a look at the history of the beneficiary’s contact with MED D Customer Care is required.

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| **Step** | **Action** | |
| **1** | Have you been Cresta trained? | |
| **If...** | **Then...** |
| You have been Cresta trained | Proceed to **Step 2**. |
| You have **NOT** been Cresta trained | Proceed to **Step 3**. |
| **2** | Determine if Cresta has captured the documentation for the call. | |
| **If...** | **Then...** |
| Cresta has captured the documentation | Refer to [Automated Call Summarization](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f28dbdf4-4355-45be-95c4-6bda1c08a521). |
| Cresta has **NOT** captured the documentation | Proceed to **Step 3**. |
| **3** | The CCR will note the following information concerning call documentation notes:   * When speaking to anyone other than the beneficiary who is the subject of the call, the CCR must document if that person has the beneficiary’s permission to speak on their behalf, are they the AOR or POA (is that noted on the account), or if the Plan Member Authorization form is on file and ensure the CCR **only** provides the information allowed according to HIPAA standards.   Icon - Important When speaking with an AOR or POA, the CCR must document caller’s first and last name, phone number and address and indicate AOR or POA in the notes.   * When someone else calls it is VITAL to include a name and possibly a position (optional) * SHIP Counselor with SHIP Unique ID   **Example:**  Wife: What is her name?  Daughter: What is her name?  Mary: Who is Mary?   * + Nurse?   + From the Dr.’s office?   All documentation must include a Reason, Action and Result including the 5 W’s:   * **Reason:**   + Documenting **Who** called is vital to ensure HIPAA compliance as well as MED D compliance regarding AOR or POA   + Documenting **What** the caller is calling about/**What** the issue is.   + Documenting **Where** the problem exists (**Example:** Mail order, point of sale, etc.).   + Documenting **When** the issue occurred or is anticipated (in the past or future date).   + Documenting **Why** it is an issue for the beneficiary/**Why** it should be resolved * **Action:** * What happened? * Notate what actions you took during the call. (RM task created, Was the member transferred?) * **Result:**    + End Result? * Notate actions taken to resolve the call. * Notate what you did next if the issue was not resolved.   **Example:** Transferring call to another department? If so, notate that in the Result.  **Do not include:**   * Filler text to reach the minimum character limitation (**Example:** @@@@@!!!!) * Profane language * Personal opinions * Judgments about the caller * Information that does not relate to the issue at hand * Grievance Templates   **Note:** Always use a professional tone when writing notes / comments in PeopleSafe.  Calls regarding Coverage Determination and Appeals, Grievance, Good Cause, and Dunning must be documented with a Reason, Action, and Result, including the 5 W’s. | |

Below is an **example** scenario of documentation ranging from too much, not enough, and just right:

**Scenario:** Mrs. Jones refills Lipitor 10mg. The CCR calls the beneficiary to advise their mail order required a consent to ship on Lipitor tab 10mg, 90 tablets for a 90-day supply. Mrs. Jones provides the CCR consent and asks to refill another medication Norvasc 5mg, 90 tablets for a 90-day supply. The CCR confirms with the beneficiary that she has at least a 15-day supply of medication on hand and verifies the quantity, drug strength and day supply for all the medication that are being filled. The CCR advises Mrs. Jones the cost of the order would be $98.56. Mrs. Jones requested the order be shipped to 98765 North Valley Avenue Pittsburgh, PA 15235, and method of payment as MasterCard ending in 1234. The CCR advises of the turnaround time.

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| **Documentation** | **Sample Note** | **Documentation Requirements** |
| **Not Enough Information** | Beneficiary filled Lipitor and Norvasc. Total cost of the order is $98.56. Confirmation number 12345678. | * **Reason:**   + Who: Beneficiary   + What: Missing   + Where: Missing   + When: Day of Call   + Why: Missing * **Action:** Filled Lipitor and Norvasc * **Result:** Provided Total Cost and Confirmation Number 12345678 |
| **Too Much Information** | I called the beneficiary to advise her, her mail order required a consent to ship on Lipitor tabs 10mg, 90 tablets for a 90-day supply. Mrs. Jones provided me consent and asks to refill another medication Norvasc 5mg, 90 tablets for a 90-day supply. I confirmed with Mrs. Jones that she has at least a 15-day supply of medication on hand and verified the quantity, drug strength and day supply for all the medication that are being filled for the beneficiary. I advised Mrs. Jones the cost of the order would be $98.56. Mrs. Jones requested the order be shipped to 98765 North Valley Avenue Pittsburgh, PA 15235, and method of payment as MasterCard ending in 1234. I advised the beneficiary of the turnaround time and provide the confirmation number of 12345678. | * **Reason:**   + Who: Mrs. Jones   + What: Provided ship consent for Lipitor tab 10mg 90/90 day supply and refilled Norvasc tab 5mg 90/90 day supply.   + Where: Mail Order   + When: Day of the call   + Why: Providing ship consent * **Action:** Filled Lipitor and Norvasc * **Result:** Provided Total Cost, TAT, and Confirmation Number 12345678   **Note:** Additional information is provided in the note that is not required. |
| **Just Right** | <Beneficiary Name> provided ship consent for Lipitor tab 10mg 90/90 day supply and refilled Norvasc tab 5mg 90/90 day supply. Total cost of $98.56 was provided and verified method of payment on MC 1234 and shipping address. Provided TAT. | * **Reason:**   + Who: Beneficiary   + What: Provided ship consent for Lipitor tab 10mg 90/90 day supply and refilled Norvasc tab 5mg 90/90 day supply   + Where: Mail Order   + When: Day of the call   + Why: Providing ship consent * **Action:** Filled Lipitor and Norvasc * **Result:** Provided Total Cost, TAT |

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| Service Requests (Auto Documentation) vs. Manually Documented Call Types |

**Service Requests** are automatically captured and will document actions taken on an account.

The table below will assist with determining what types of calls **Compass** will automatically capture with a service request and what types of calls will need to be documented. CCRs should always add generalization notes for anything that occurred on the call that was not specifically captured with a service request.

**Note:** Notes are required whenever the beneficiary’s account is accessed.

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| **Service Requests automatically captured by Compass** | | **Activities the CCR needs to document** |
| **Maintenance activities**   * Address, email, phone number updates * Updating Messaging Preferences * Electronic payment account updates - credit card, electronic check | | * Documentation required for authentication (caller’s name, etc.) * Call transfers to:   + CD&A   + Specialty   + Anywhere outside the company * Discussions that take place without any action in **Compass**, for **example:**   + Eligibility issues not resulting in a, ex. referred beneficiary to Benefits Office   + Medical or Disaster emergency   + Beneficiary disconnected call before further action could be taken   + Issues with a prescription, a paper claim, the website, etc. * Client-specific processes   **Additional Med D Specific Call Types requiring documentation:**   * [Compass MED D - Expressed Consent (Ship Consent)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5d5d1eb-261c-4b79-a4b8-23605297f262) * Mail order above the maximum balance allowed or the mail order floor limit - beneficiary will receive an automated outbound call which could delay order * Premium Billing Activities * [Grievances](TSRC-PROD-007931) * Escalated Callers * Repeat Callers   Document anything completed prior to escalating the call that is not already captured with a service request. |
| **Mail service-related activities**   * Placing orders (Refills and New Rx requests) * Applying a payment or creating an adjustment * **Mail Rx** tab - canceling orders or prescriptions * In process orders screen - canceling or editing an order * Automatic Refill Program * Placing orders or prescriptions on hold * Expediting orders * Discontinuing a prescription * Checking eligibility for a Short Term (Bridge) Supply * Prescription transfers, using the MChoice Transfer * Viewing prescription details (Rx number, NDC number, drug name) | |
| **Plan Benefit Overrides**   * Adding, updating, or voiding a PBO | |
| **Support Task**   * Any actions associated with a Support Task | |
| **Other**   * Full or Partial IVR Authentication * Adding a Maintenance Choice Opt Out (Beneficiary and individual drug level) * Requesting an SOC * Viewing HEE Opportunities and updating opt out preferences * Reversing claims * Performing test claims (NDC number, drug name) | |
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| Call Types |

The table below identifies specific call types and the Additional Documentation/Notes that **may/may not** be required.

* **Note Template** indicates the format template to be used for the required additional Documentation/Notes.
* Also, if the system does not auto document something, it is the CCR’s responsibility to add this information to the notes.

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| **Call Type** | **Additional Documentation/Notes** |
| **ACCOUNT BALANCE** | * No additional documentation and/or notes required. * Required information is captured by Compass. |
| **AETNA MEMBER SERVICES (MSO)** | Notate the first name, last name initial, and the Aetna ID of the Aetna representative. |
| **ADDRESS** | Document who requested the change (beneficiary, POA, Legal Representative, SHIPS counselor).  For Note templates, refer to the “Note Templates for Call Documentation” section of [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183). |
| **PHONE#** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **BENEFITS QUESTIONS** | Document plan-specific questions, such as quantity limits and prior authorization.  **Note Template:**  Spoke to <name>. <Document reason for the call> Explained <what was explained to the caller>. |
| **CALL DISCONNECTED** | Ensure correct **Reason for Closing Case** is selected. Indicate call was disconnected.  **Note Template:**  Spoke to <name>. Call was disconnected. Attempted callback. <Document if message was left or no answer>. |
| **CANCEL ORDER** | * Notate who cancelled the order. * Required information is captured by Compass. |
| **CC UPDATE** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **CO-PAY/TEST CLAIM** | * Required information is captured by Compass through a service request |
| **CD&A** | * CCRs should also use free form notes to convey all important details from the call.   Icon - Important If applicable, ensure that provider information (name and contact information) is obtained and documented. |
| **ELECTRONIC CHECK** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **FAX NUMBER AND MD CALLS** | * Document that the caller was provided with the provider fax number or MD Calls Phone Number. * Document that caller was advised of Personal Health Information (PHI) to be included on the Fax.   **Note Template:**  Spoke to <name>. Provided caller with Dr. fax # <and/or MD Calls Phone Number>. Advised caller of Personal Health Information (PHI) to be included on fax. |
| **FAX STATUS** | Document that beneficiary requested update on fax sent in by provider.  **Note Template:**  Spoke to <name>. Caller requested status on Rx provider faxed for <drug name>. Advised <xxxxx>. |
| **GRIEVANCE** | * Enter a summary of call. |
| **MAILING ADDRESS MOD** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **MOR PAYMENT MADE** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **NO REFILLS** | Document whether beneficiary used FastStart or will have their provider fax in prescription.  **Note Template:**  Spoke to <name>. Advised caller Rx <drug name> has no refill(s) remaining. Provided instructions on how to send in a new Rx including Personal Health Information (PHI). <Document option provided: Fax/Mail>. |
| **ORDER** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **ORDER STATUS** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **PATIENT CALLS** | * No additional documentation or notes required. * Required information is captured by Compass. |
| **REFILL TOO SOON (RTS) POLICY** | Document when prescription can be filled.  **Note Template:**  Spoke to <name>. Advised caller Rx <drug name(s)> in unable to be filled until <date>. |
| **RESHIP/RETURNS/LOST IN TRANSIT POLICY** | Document that beneficiary was created for beneficiary with regard to Reship/Returns/Lost In Transit with their order.  **Note Template:**  Spoke to <name>. <Document reason for the call> Explained Reships/Returns Policy. Caller <Declined/Agreed> to policy. |
| **RX EXPIRED** | Document whether beneficiary used FastStart or will have their Provider fax in Prescription or will obtain an Rx from their Provider and Mail it in.  **Note Template:**  Spoke to <name>. Advised caller Rx <drug name> expired. Provided instructions on how to send in a new Rx including Personal Health Information (PHI). <Option provided: Fax/Mail>. |
| **SILVERLINK CALL** | * No Additional documentation and/or notes required. * Required information is captured by Compass. |
| **SPLIT ORDER** | * No Additional documentation and/or notes required. * Required information is captured by Compass. |
| **TASK ISSUE**  **(SUPPORT TASK)** | * No Additional documentation and/or notes required. * Required information is captured by Compass. |
| **TEST CALL** | * No Additional documentation and/or notes required. * Required information is captured by Compass. |
| **TRANSFER CALL** | Document that beneficiary was referred to another department (indicate department) for resolution and whether it was an escalated or complicated issue(s).  **Note Template:**  Spoke to <name>. <Document reason for the call> Transferred call to <XXXXX>.  Icon - Important The CCR will document anything done prior to transferring the call that is not already captured with a service request. |

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| Related Documents |

[Compass - Call Documentation](TSRC-PROD-050011)

**Parent SOP:** 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/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](CMS-2-017428)

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