# Compass MED D - NEJE Disenrollment Survey Calls

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**Description:** This document prepares the MED D Customer Care Representative (CCR) when calling beneficiaries to conduct a disenrollment survey call.

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| Outbound Care |

Utilize the Outbound Call campaign spreadsheet provided in order to determine the correct beneficiary that should be contacted along with the Member ID number to be accessed.

**CCR Process Note:**

* Attempt to contact the beneficiary 1 time; if they are not available, please leave a message.
* Leave a voicemail on the first attempt if a beneficiary is not spoken to.

When making the outbound call to the beneficiary, perform the following:

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| **Step** | **Action** | | |
| **1** | * Hello, my name is <CSR’s first name>. * I am calling from **Blue Medicare Rx**, a Medicare approved Part D Prescription Drug sponsor. * I am calling to discuss <beneficiary’s first and last name>’s prescription drug plan. * Are they available to speak for a moment? | | |
| **If…** | **Then…** | |
| Yes | * Authenticate the caller. Refer to [Compass - Guided Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) and/or [HIPAA Authentication Grid including Questions and Answers](../CMS-2-004568). * Proceed to Step 2. | |
| No (Beneficiary is not available) | Are you authorized to speak on the beneficiary’s behalf? | |
| **If…** | **Then…** |
| Yes | * Authenticate the beneficiary. Refer to [Compass - Guided Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) and/or [HIPAA Authentication Grid including Questions and Answers](../CMS-2-028920). * Proceed to Step 2. |
| If authentication is **NOT** successful, ask for the beneficiary to return our call at the toll free phone number below:   * **MA:** 888-543-4917 * **CT:** 888-620-1747 * **VT:** 888-620-1746 * **RI:** 888-620-1748   We are available 24 hours a day, 7 days week. TTY users call 711.  Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate |
| No | * I am calling to discuss <beneficiary’s first and last name>’s prescription drug plan. * Can you please have them call us as soon as they are able? * Our phone number is   + **MA:** 888-543-4917   + **CT:** 888-620-1747   + **VT:** 888-620-1746   + **RI:** 888-620-1748   We are available 24 hours a day, 7 days week. TTY users call 711.  Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate |
| No Answer | **Leave the following message on voicemail:**     * This is <CSR’s First Name>, calling from Blue MedicareRx Medicare Prescription Drug Plans. * I’m calling today because we recently received your disenrollment from our plan. We were hoping you would have a few moments to conduct a brief survey of your experience with our plan. * You can contact us at   + **MA:** 888-543-4917   + **CT:** 888-620-1747   + **VT:** 888-620-1746   + **RI:** 888-620-1748 * We are available 24 hours a day, 7 days week. TTY users call 711.   **CCR Process Note:**   * Attempt to contact the beneficiary 1 time and leave a voicemail if they do not answer. * When documenting notes in Compass, please ensure you are notatingthe call was in reference to in the event the beneficiary calls back.   Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate | |
| **2** | I need to let you know that this call is being recorded or monitored for quality purposes.  **[Pause to allow the beneficiary time to object to recording the call.]**     * Because we understand the need for privacy, you do not have to provide any information during this call. * However, there may be information needed on your account to ensure it is complete and accurate.   **ONLY SAY this if the beneficiary seems unsure if the CCR is really with Blue MedicareRx:**  If you would prefer, you may contact Customer Care toll-free at   * **MA:** 888-543-4917 * **CT:** 888-620-1747 * **VT:** 888-620-1746 * **RI:** 888-620-1748   We are available 24 hours a day, 7 days week. TTY users call 711. | | |
| **If the beneficiary…** | **Then…** | |
| Wants tocontinue with the recorded call | Proceed to Step 3. | |
| Objects to being recorded and wants to speak to a Supervisor | **WARM** transfer to a Supervisor. | |
| **3** | Ask the following questions. Pause between each to allow time for the beneficiary to reply and to capture their responses to the questions.     * We recently received your disenrollment from our plan. Would you have a few minutes today for us to review? * I was hoping you would be open to sharing the reason you are leaving us. * What are some of the factors that led to your decision to make a change in your PDP plan? * What is important to you that your Prescription Drug Plan offers/includes/provides? | | |
| **4** | During the conversation:   * If the beneficiary states that they would like to talk to someone about other plan options, warm transfer them to the Blue Cross Blue Shield of Massachusetts Sales team at **1-888-995-2583**, 8 a.m. to 8 p.m. ET (April 1st – September 30th, Mon. – Fri; October 1st – March 31st, 7 days a week). * If the beneficiary decides they want to stay with Blue MedicareRx or if they mention that they were not aware they changed plans and would like to stay with BMRx (Clearly confirm the beneficiary’s intention to stay with the plan), warm transfer the beneficiary to CVSH phone enrollment to re-enroll, at **1-800-678-2265**. | | |
| **6** | Did you have any questions on the information I have provided you today? | | |
| **If…** | **Then…** | |
| Yes | Utilize the [FAQs](#_FAQs_1) section of this document in order to address any additional questions. | |
| No | Proceed to the next step. | |
| **7** | * Thank you for allowing me to assist you today. * Have I fully resolved your question(s) to your satisfaction? | | |
| **If…** | **Then…** | |
| Yes | If at any time you have further questions about this communication, please feel free to call Customer Care toll free at   * + **MA:** 888-543-4917   + **CT:** 888-620-1747   + **VT:** 888-620-1746   + **RI:** 888-620-1748   We are available 24 hours a day, 7 days week. TTY users call 711.  **CCR Process Note:**  Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate | |
| No | * Ask additional probing questions to attempt to resolve remaining questions or concerns.   **CCR Process Note:**  Document and close the call according to current policies and procedures.  INCLUDE detailed notes in Compass for each outbound attempt made.  INCLUDE the name of the drug impacted for the specific beneficiary when documenting the call in Compass.  Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate | |
| **CCR Process Note:**  If dissatisfaction is identified, **restate the dissatisfaction** to the beneficiary in order to ensure understanding of the nature of the complaint.  Advise the beneficiary that since you were unable to resolve the beneficiary’s dissatisfaction/issue, then you are sending the issue over to a dedicated department that will research and respond to the beneficiary within 30 calendar days. This department is called the Grievance department. The Grievance department will respond to your issue within 30 calendar days.  Refer to [MED D - Grievances in PeopleSafe for Health Plans, JE (formerly MHK Fusion)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=731c1bac-3039-46da-85e1-0e49a8c9721d) for details.  Do **NOT** ask:   * + - Do you want to file a grievance? **OR**     - Would you like to open a grievance?   **Reminders:**   * Restate the beneficiary’s complaint to ensure understanding. Remind the beneficiary that the grievance will be researched and a Caseworker will contact them with the resolution within 30 days. * If the beneficiary expresses dissatisfaction but the issue is resolved during the call, a First Call Resolution grievance needs to be documented in MedHOK. | | | |

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| Inbound Care |

When receiving a call from beneficiaries regarding the Disenrollment Survey, perform the following steps:

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| **Step** | **Action** | |
| **1** | Authenticate the caller. Refer to [Compass - Guided Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) and/or [HIPAA Authentication Grid including Questions and Answers](../CMS-PRD1-067665). | |
| **2** | We tried to reach you because we recently received your disenrollment from our plan. We were hoping you would have a few moments to conduct a brief survey of your experience with our plan. | |
| **3** | Ask the following questions. Pause between each to allow time for the beneficiary to reply and to capture their responses to the questions.   * I was hoping you would be open to sharing the reason you are leaving us. * What are some of the factors that led to your decision to make a change in your PDP plan? * What is important to you that your Prescription Drug Plan offers/includes/provides? | |
| **4** | During the conversation:   * If the beneficiary states that they would like to talk to someone about other plan options, warm transfer them to the Blue Cross Blue Shield of Massachusetts Sales team at **1-888-995-2583**, 8 a.m. to 8 p.m. ET (April 1st – September 30th, Mon. – Fri; October 1st – March 31st, 7 days a week). * If the beneficiary decides they want to stay with Blue MedicareRx or if they mention that they were not aware they changed plans and would like to stay with BMRx (Clearly confirm the beneficiary’s intention to stay with the plan), warm transfer the beneficiary to CVSH phone enrollment to re-enroll, at **1-800-678-2265**. | |
| **5** | Did you have any other questions on the information I have provided you today? | |
| **If…** | **Then…** |
| Yes | Utilize the [FAQs](#_FAQs_1) section of this document in order to address any additional questions. |
| No | Proceed to the next step. |
| **6** | * Thank you for calling Blue MedicareRx today. * Have I fully resolved your question(s) to your satisfaction? | |
| **If…** | **Then…** |
| Yes | If at any time you have further questions about this communication, please feel free to call Customer Care toll free at   * **MA:** 888-543-4917 * **CT:** 888-620-1747 * **VT:** 888-620-1746 * **RI:** 888-620-1748   We are available 24 hours a day, 7 days week. TTY users call 711.  **CCR Process Note:**  Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate |
| No | Ask additional probing questions to attempt to resolve remaining questions or concerns.  **CCR Process Note:**  Document and close the call according to current policies and procedures. Refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0).  **Resolution Time:** Immediate |
| **CCR Process Note:**  If dissatisfaction is identified, **restate the dissatisfaction** to the beneficiary in order to ensure understanding of the nature of the complaint.  Advise the beneficiary that since you were unable to resolve the beneficiary’s dissatisfaction/issue, then you are sending the issue over to a dedicated department that will research and respond to the beneficiary within 30 calendar days. This department is called the Grievance department. The Grievance department will respond to your issue within 30 calendar days.  Refer to [MED D - Grievances in PeopleSafe for Health Plans, JE (formerly MHK Fusion)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=731c1bac-3039-46da-85e1-0e49a8c9721d) for details.  Do **NOT** ask:   * + - Do you want to file a grievance? **OR**     - Would you like to open a grievance?   **Reminders:**   * Restate the beneficiary’s complaint to ensure understanding. Remind the beneficiary that the grievance will be researched and a Caseworker will contact them with the resolution within 30 days. * If the beneficiary expresses dissatisfaction but the issue is resolved during the call, a First Call Resolution grievance needs to be documented in MedHOK. | | |

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| FAQs |

The frequently asked questions below will assist the CCR when addressing calls:

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| **Question** | **Answer** |
| **Why am I receiving this call?** | We recently received your disenrollment from our plan. We were hoping you would have a few moments to conduct a brief survey of your experience with our plan. |
| **What if the beneficiary wants to talk to someone about other plan options?** | If the beneficiary states that they would like to talk to someone about other plan options, warm transfer them to the Blue Cross Blue Shield of Massachusetts Sales team at **1-888-995-2583**, 8 a.m. to 8 p.m. ET (April 1st – September 30th, Mon. – Fri; October 1st – March 31st, 7 days a week). |

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| Related Documents |

**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)

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