# Compass - MED D - Specialized Member Service Team (SMST) - Call Flow and Commonly Used Work Instruction Index

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**Description:** To assist the Specialized Member Service Team (Customer Care Representative (CCR) with links to the most commonly used work instructions, grouped by topic.

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| Call Flow Positive Statement of Acknowledgement |

ALWAYS respond with a positive statement of acknowledgement, when appropriate.

* Sometimes the caller will ask a question before authentication is complete. Respond positively and acknowledge that you can resolve their concern today. Demonstrate caring and empathy.
  + Yes, I can help.
  + Yes, I would be happy to assist.
* Use a positive transitional statement to direct the call.
  + To better do that please provide me…
  + In order to further assist, please provide me with…

**Note:** Even if you think you will be unable to handle the call or will need to transfer the call, always respond with a positive statement. This statement will reassure the caller that we can help even if the call will be transferred.

**** Replace negative statements with positive statements such as**:**

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| **Negative Statements** | **Positive Statements** |
| **Yes, however I need your…** | Yes, I can help you. To better do that please provide me with… |
| **Yes, however I need to transfer you…** | Yes, I can help you. In order to further assist, please provide me with… |
| **Yes, but I need to open your account first…** | Yes, I can help you. To better do that please provide me with… |
| **Yes, but we do not handle those calls…** | Yes, I can help you. In order to further assist, please provide me with… |

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| Call Flow |

**Note:** When receiving an [internal](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) transfer from another colleague ask the following questions**:**

* Has the caller been authenticated?
* Have any grievances been filed?

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| **Step** | **Process** | **Action** | | | | | |
| **1** | Greet the caller and locate the correct account | Thank you for calling.  My name is <your name>. Who am I speaking with?    Once the caller provides their first and last name ask:     (PAUSE) Are you calling for yourself today?    **NOTE:** Caller must provide **full name** of member, if only first name is given prompt the caller for the last name. For assistance refer to, [Universal Care - Consultative Call Flow (CCF) Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f).    **Say**Is this call an internal transfer?   * If **Yes**, complete the required fields and click **Next**. For assistance, refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0). * If **No**, verify **Caller’s Name** and **Who is calling?** fields, then click **Next**. * Thank you \_\_\_\_\_ (use caller’s name), could you please provide the beneficiary’s **Member ID** please so I may locate the correct account? * If Beneficiary received a letter, the member ID (External ID) can be retrieved from the letter.   **Notes:**   * If the caller responds by asking a question, refer to [ALWAYS respond with a positive statement of acknowledgement](#_Call_Flow_Positive). Remember you can receive a CMS Test Call at any time. * General benefit questions **that do NOT pertain to a specific beneficiary** can be answered without authenticating the call. CMS Test calls may not provide beneficiary information; however, you can and should assist. | | | | | |
| **If…** | **Then…** | | | | |
| Beneficiary’s account located | Proceed to Step 2. | | | | |
| Caller is unable to provide the Member ID  **OR**  Provided information does not locate an account | SayMay I have the beneficiary’s **first name**, **last name**, and **date of birth** please?  **Note:** Ask to spell names as necessary to ensure correct account is located. | | | | |
| **If…** | | | | **Then…** |
| Correct account is located | | | | Proceed to [Compass MED D - Medicare D System Member Search and Guided Authentication (Member in FACETs, Not RxClaim)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ec886dd-639f-45cd-b758-43211e09121c). |
| Account not located  When no members are found that matched your search criteria, additional **Search Parameters** are displayed at the bottom of the Search by Member screen. | | | | Click the **Medicare D System**button to begin a Medicare D Search.  **Result:** The Search by Medicare D popup displays.  For assistance, refer to [Compass Med D - Medicare D System Member Search and Guided Authentication (Member in FACETs, not RxClaim).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ec886dd-639f-45cd-b758-43211e09121c)    **Notes:**   * If **no match is found** after exhausting all Search Parameters, refer to [Compass MED D - SilverScript - Resolution of Eligibility](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3498d644-ecdb-4bb5-8b04-fe1a1fbd7ee5). * Click the **Close**button at any time to return to the **Search by Member** page if needed. |
| **2** | Determine who is calling | Is the caller the beneficiary, the beneficiary’s POA, Legal Representative or a Ship Counselor?  Refer to**:**   * [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA Authentication Grid](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Downloads/CMS-2-028920) | | | | | |
| **If the caller is…** | **Then…** | | | | |
| The beneficiary or beneficiary is available to give permission. | | Proceed to Step 3. | | | |
| POA, Legal Representative, or caller attesting to be either. | | Determine if the caller’s information matches the POA or Legal Representative details on the account in any of the following areas in **Compass:**   * Alerts * Privacy Lock * Medicare D Landing Page – Medicare D Alerts | | | |
| **If…** | **T****hen** | | |
| Caller’s information matches the POA or Legal Representative details | Proceed to Step 3. | | |
| Caller’s information does not match or no documents on file | **Say**   * I apologize but the information you have provided does not match the information we have on file.   **OR**   * I apologize but we have not received information appointing you as a legal representative or POA for the beneficiary.   Refer to the [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b) if caller needs to send documentation to the Plan.  **Note:** If POA or authorization is not on file, the caller may **verbally attest** to being a legal representative.  If caller will not provide verbal attestation**:** | | |
| **If…** | **Then** | |
| Caller will verbally attest | Proceed to [Obtaining a Verbal Attestation from an Authorized Representative](#_Obtaining_a_Verbal). | |
|  | | Caller will not verbally attest | Proceed to [Closing the Call](#_Closing_the_Call). | |
| Ship Counselor | | Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b) | | | |
| Anyone else | | **Say** I apologize. You are not listed as an approved legal representative to access the beneficiary’s Private Health Information and I am unable to discuss further details of the account.  Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)  Proceed to [Closing the Call](#_Closing_the_Call). | | | |
| **3** | Authenticate the account according to HIPAA | Verify additional authenticators as needed**:**  **Note:** A beneficiary may give permission to speak on their behalf but they must authenticate the account and give permission for caller to speak and or make changes on their behalf. This permission extends only for the duration of the call.  Say   * + What is the beneficiary’s/your first and last name?   + What is the beneficiary’s/your date of birth?   + What is the beneficiary’s/your zip code?   + What is the name of a medication or prescription number?   Refer to**:**   * [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA Authentication Grid](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Downloads/CMS-2-028920)   Proceed to Step 4. | | | | | |
| **4** | Determine the reason for the call | **Say** Are you calling about a letter you received or for another reason? | | | | | |
| **If…** | **Then…** | | | | |
| The caller references a letter | Reviewthe letter using the **Last 12 Months of Communications** hyperlink, locatedinthe **Quick Actions** panelon the **Medicare D Landing Page** to determine what type of issue is present.  Proceed to the [SMST Index](#_Index) to locate the appropriate topic/work instruction. | | | | |
| The caller does not reference a letter | Proceed to the [SMST Index](#_Index) to locate the appropriate topic/work instruction. | | | | |

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| Obtaining a Verbal Attestation from an Authorized Representative |

Perform the steps below with the approved talk tracks**:**

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| **Step** | **Action** | |
| **1** | * To protect the privacy of the beneficiary, we require a Power of Attorney to be on file in order to discuss/disclose any PHI on this account. * Appropriate legal documentation with the following information should be mailed to the plan.   + Beneficiary’s first and last name   + Beneficiary ID as it appears on the Member ID card   + Beneficiary’s address and phone number   + A copy of the Power of Attorney or other legal documentation that indicates the Name and identifying information of the person authorized to act on behalf of the beneficiary for health care purposes   + First and last name   + Address   + Telephone number   **Please mail this information to:**  **SilverScript Insurance**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **FAX: 1-866-552-6205**    **Note:** A copy of the Power of Attorney or other legal documentation is acceptable even if the document contains a raised seal (happens in court orders, etc). | |
| **2** | Could you please provide me with the following?   * Legally Authorized Representative’s First and Last Name. * What is the best phone number to reach you if documents are requested? (XXX) XXX-XXXX * Please provide your full mailing address (street address, city, state, zip code + 4 if available). * What is your relationship to the enrollee? | |
| **3** | * In order to protect the privacy of the beneficiary, I will need to ask you a few questions to proceed with the call. * Are you authorized under state law to update this information, or do you have Power of Attorney for our beneficiary? * Is documentation of this authority available upon request by SilverScript/Blue MedicareRx (NEJE) or by Medicare? | |
| **If...** | **Then...** |
| **Yes** to both questions | Proceed to next step. |
| **No** to either or both questions | Inform the caller that requests for changes to the beneficiary’s account can only be accepted from the beneficiary or individuals authorized to act on behalf of the beneficiary.  Proceed to [Closing the Call](#_Closing_the_Call). |
| **4** | In order to accept the information I have obtained from you, I will require a verbal signature to show that you are attesting that the information provided on this call is true and correct to the best of your knowledge. Please state **Yes** if you attest to the verbal signature. (Must include Yes or No).  Proceed to the [SMST Index](#_Work_Instruction_Index) to locate the appropriate topic/work instruction. | |

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| Work Instruction Index |

Refer to the following commonly used work instructions.

**Note:** Example phrases a caller may say are provided after some work instruction links.

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| Enrollment Issues and Cancellation of Enrollment | **Disenrollment** |
| * [Compass MED D - Cancellation of Enrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d279a5a4-7ee1-4d5e-a3f7-9f4e71c86efb)   “*I want to cancel my enrollment*”   * [Compass - MED D - Specialized Member Service Team (SMST) - CMS Initiated Enrollment and Disenrollment (Auto, Facilitated and Reassigned Enrollments)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1fd6f641-692b-443d-835d-4539666f9a78)  “*I didn’t enroll in this plan”* * [Compass MED D - Incomplete Enrollments (ICE) or Enrollments with Missing Information](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c31eec52-fb25-4867-9693-4b5129d67190) “*I received a letter about my enrollment*” * [Compass MED D - SilverScript - Resolution of Eligibility](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3498d644-ecdb-4bb5-8b04-fe1a1fbd7ee5) * [Compass MED D - Request to Change Enrollment Effective Date](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ce4bd12-0217-4438-8b51-bd3cbf727a42) * [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Resolving Eligibility Issues for Incarcerated or Not Lawfully Present Beneficiaries](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8824428c-b769-4917-83bf-19549ec6f873) | * [Compass - MED D - Specialized Member Services Team (SMST) – Disenrollment Reasons Guide](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4156e604-0094-43df-a7e5-302a56c4762f) * [Compass - MED D - Specialized Member Services Team (SMST) - Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=e26dafa6-215c-4edc-9452-9fb4c29233db) “*I want to disenroll/end my plan*”  * [Compass - MED D - Specialized Member Service Team (SMST) - Disenrollment Due to Enrolling in a Different Prescription Drug Plan (PDP)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f4d74454-3dea-4ce7-9c6a-fd40ae8a1563) * [Compass - MED D - Specialized Member Services Team (SMST) - Cancellation of Voluntary Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f91cc8b2-7c71-411c-af04-187b729ec322) * [Compass - MED D - Specialized Member Services Team (SMST) - Mistaken Disenrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b32462a-76c5-4b79-ad45-97996bc56a0f)  “*I should not have been disenrolled*” |
| EWGP Opt Hold Out and TRC 127 Attestation | Address Changes and Out of Area (OOA) |
| * [Compass - MED D - Specialized Member Services Team (SMST) - EGWP Opt Hold Release Process in FAZAL](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=2c29dcee-9c67-42b2-b1ec-1a8725b1c6ba) * [Compass - MED D - Specialized Member Services Team (SMST) - Enrollee Attestation for Future Enrollment (TRC 127 Attestation)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157db20-0e49-4a16-8dea-6ef1a0d47510) | * [Compass MED D - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5cf7af0-8a89-45dc-a395-9961dceac183) * [Compass MED D - RxEnroll Care Downtime Procedures - Address Changes and Out of Area (OOA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f7cd8032-f520-448e-b45f-842b4a6cd07d) |
| Late Enrollment Penalty | Low Income Subsidy and Best Available Evidence |
| * [Compass MED D - Late Enrollment Penalty (LEP) Attestation and Appeals](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f57a4f76-7822-4cff-90ed-1aa5c31cf780) * [Compass MED D - RxEnroll Care Downtime Procedures - Late Enrollment Penalty (LEP) Attestations and Appeals](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0b25ac2f-b6d1-4004-8942-b7d2f612f19d) * [MED D - SilverScript Late Enrollment Penalty FAQ (LEP)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2f2f1ef3-0379-4791-92a8-f55d2ee52391) | * [MED D SilverScript - Annual Reassignment of Low-Income Subsidy (LIS) Eligible Beneficiaries](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=381521d0-4e7a-4b34-9d2e-8986ffa99826) * [Compass MED D - Specialized Member Service Team (SMST) – LI NET (Limited Income Newly Eligible Transition) Program](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=8416fc33-d801-4648-a698-b80478e13d52) * [MED D - Specialized Member Services Team (SMST) - Low Income Subsidy (LIS) Dispute & Best Available Evidence (BAE) - Process for Urgent Need of Medication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=14fce9b5-554b-4761-8d93-b4555754645a) * [Compass MED D - Low Income Subsidy (LIS) Informational Overview](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e) |
| **Supporting Work Instructions** | |
| * [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) * [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA Authentication Grid](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-2-028920) * [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b) * [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) * [MED D – Disconnected and Dropped Calls](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-PRD1-109887) * [MED D - Election Periods for Enrollment and Disenrollment (AEP, IEP, SEP)](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-PCP1-040036)  * [MED D - Guide to Transferring a Call](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/TSRC-PROD-029866) | * [Compass MED D - Income Related Monthly Adjustment Amount (D-IRMAA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee25e0cb-4f37-4931-afac-d91dd701e4ea) * [MED D - Language Assistance - Language Line Services](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-2-028005) * [MED D - Obtaining a Verbal Attestation from an Authorized Representative](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/TSRC-PROD-024341) * [MED D - SHIP Counselor Calls For CVS Caremark Part D Plans](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2ULSS2XL/CMS-2-029788) * [Compass MED D - SilverScript and Blue MedicareRx (NEJE) - Enrollment Related Support Tasks](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39a75bb6-425d-4eb7-a436-036f5da9d31a) * [Compass - MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3) |

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| Closing the Call |

 **Important Reminders:**

* Follow the instructions in the CIF regarding documenting the call according to the client.
* Do **not** copy/paste authentication information into the Case Comments. Authentication information is recorded in the Case details.

Perform the following**:**

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| **Step** | **Action** | | | |
| **1** | Locate and click **Close Case** in the **Case Data** section.   * If **Close Case** was selected in error, click the **X**on theClose Case windowto return to the member’s account.     **Notes:**   * Any comments added in the **Case Comments** field will be saved if the **X**is selected**.** * The **Case Data** section displays at the top of the screen once the caller has been authenticated in **Compass**. The **Case Data** section houses the **Close Case** button on all Compass screens. The **Close Case** button is available throughout the full duration of the call.         **Result:**The Close Case window displays. | | | |
| **2** | Add **Case Comments** required by the CIF and/or line of business.  **CCR Process Note:** If address change requested, add a detailed note. Copy and Paste the OLD and NEW addresses from the **Notepad, OneNote, etc.** | | | |
| **3** | Choose the **Reason for Closing Case** from the drop-down menu. For assistance, refer to [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)     * Select the **Primary Interaction** **Reason** and **Primary Interaction** **Reason Detail** * **Describe the Primary Interaction** **Reason**      * Select the **Contract Type** from the dropdown menu. | | | |
| **4** | Select an option from the **Communication Direction** drop-down menu. | | | |
| **5** | Click **Close Case**. | | | |
| **6** | Determine if call was transferred or a direct beneficiary call. | | | |
| **If...** | **Then...** | | |
| Transfer | Say   * Thank you for your time today. * As a quality measure, have I fully answered and resolved <your/the beneficiary’s> question(s) to <your/the beneficiary’s> satisfaction? | | |
| **If...** | | **Then...** |
| Yes | | Say If at any time <you/the beneficiary> <have/has> any further questions, please feel free to call Customer Care toll free at**:**  SilverScript**:** 1-866-235-5660, 24 hours a day, 7 days a week. TTY users may call 711.  Blue MedicareRx (NEJE)**:** Post Enrollment Med-D Care Numbers:   * MA**:** 888-543-4917 * CT**:** 888-620-1747 * VT**:** 888-620-1746 * RI**:** 888-620-1748 |
| No | | * Ask additional probing questions to attempt to resolve remaining questions or concerns. * If unable to resolve the questions/concerns, transfer the call to a Supervisor. |
| Direct beneficiary call | Use the below call closing**:** | | |
| **If...** | **Then...** | |
| Beneficiary has an email address on file | If there is anything else I can assist you with, please be aware you may receive a survey via email in the next day or two regarding your call experience. I hope you have a great day. [PAUSE]  **OR**  Have I fully addressed the reason for your call today? **OR**  Do we have everything taken care of for you today? [PAUSE]   * If the beneficiary **has** another issue, assist the beneficiary with any additional inquires. * If the beneficiary does **NOT** have another issue, close the call with the statement below.   Thank you for calling, please be aware you may receive a survey via e-mail in the next day or two regarding your call experience today.  **Note:** The member can opt out of the survey through a link within the e-mail invite. | |
| Unable to capture beneficiary’s email | * If beneficiary/member makes it clear their reason for calling was resolved, then  If there isn’t anything else I can assist with, besides [Recap], I hope you have a great day. Thank you for calling.   **OR**   * If beneficiary/member **DOES NOT** make it clear their reason for calling was resolved, then  Other than [Recap], Is there anything else I may assist you with?   + If beneficiary/member has another issue, assist beneficiary/member with additional questions/concerns.   + If not close the call with  Thank you for calling. | |
| **7** | Transfer the beneficiary to the appropriate department as needed. (Licensed Enrollment Agent, Premium Billing, Senior Team, etc.)  Refer to [MED D - Guide to Transferring a Call](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2). | | | |

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