# PeopleSafe - Repeat Caller (High Frequency) Outbound Calls

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**Description:**  Process when making outbound calls to support the Repeat Caller High Frequency Caller program.

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| Process |

 If you are not on the High Frequency Caller Outbound Team located in Knoxville this work instruction **does NOT apply** to you.

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Greeting Hello, is <FULL MEMBER NAME> available?   * If a member confirms it is them on the phone, continue.   This is <AGENT NAME> with CVS Caremark on behalf of <CLIENT NAME>. We are calling to do an account review and to make sure everything is up to date and answer any questions you may have. Do you have a moment to speak with me?”   * If **yes**, continue to the next step. * If **not**, ask when a good time would be to call back. | | |
| **2** | Call Recording Disclaimer  I need to let you know that this call is being recorded or monitored for quality purposes.  **CCR:** If caller requests that call not to be recorded, refer to [Inbound or Outbound Call - Quality Recording Disclaimer (024665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dee979fb-f11b-40de-9201-611f8095e3a8) | | |
| **3** | Authenticate the caller. | | |
| **If speaking with…** | **Ask for the…** | |
| Someone who represents themselves as the member/beneficiary. | The first and last name of the person we need to contact.     * If the person answering the phone says, "This is" or "Wait" and the person comes to the phone, AND they can provide the required authentication elements, we can take the person’s word they are the person. * Year of birth (or full date of birth) * Zip Code | |
| **3rd Party**  (Authenticated member/beneficiary must give verbal permission on the call to speak with a 3rd party.) | * First and last name of the person we need to contact * Year of birth (or full date of birth) * Zip Code   Inform member we will require a POA or authorization form on file to speak with 3rd parties on future calls. | |
| **4** | Program Introduction  We are calling to perform an account review and to make sure everything is up to date and answer any questions you may have. Before I get started, do you have any questions about your account?     * **If yes**, answer any questions or concerns that member has on their account. * **If not**, continue.      Great, I am glad to hear that. | | |
| **5** | Verify Demographic Information  Ok, I do want to make sure your information is up to date on your account.  **CCR:**   * Verify address. * Verify if this is the best contact # where you reached them. * Verify and update Email address.      * If anything needs updated, make the necessary corrections. * If everything is correct, continue to Educate on Messaging Preferences. | | |
| **6** | Educate on [Messaging Preferences](file:///C:/Users/DDavis6/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/JOUHGIVX/CMS-2-027674) as appropriate. | | |
| **If…** | **Then…** | |
| Email | * If member **does not have email on file**, try to obtain one from member.    I want to make sure your information is up to date on your account. What is your email address?     * If email is obtained and member sets up for notifications, continue to [email on file but not registered for website](#EmailonFileNotRegforWebsite). * If **email is on file**, verify email and if not set up for email notifications, then continue.      I can also set you up to receive your notifications through email. You can receive order status updates and refill reminders via email. Would that be, OK?     * If **yes**, enroll member in [email notifications (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471), continue to [website education](#EmailonFileNotRegforWebsite). * If a member declines to add an email, continue.      Keep in mind this option is always available if you would like to set it up at a later time.  It can help reduce the number of automated phone notifications you receive (if applicable).   We could also send you a link to register your account on the website at Caremark.com if you choose to add an email.     * If **email is on file and is set up for email notifications**:    Keep in Mind, you are set up for email notifications.  We will send your order status updates and refills reminders via email.    Continue to [Email on file but not registered for website](#EmailonFileNotRegforWebsite). | |
| Email on file but not registered for website | * If email is **obtained or already on file**, if not registered on website, educate on sending link to website.      I am going to send you an email with a personalized registration page on Caremark.com. You will be able to check an order status, order refills, and check drug costs and coverage.     * + If the member declines…      OK, if you change your mind, you can go to Caremark.com to register any time.     * If **the member agrees,** send a link and continue.      You should receive a registration link in the next few minutes.   All you have to do is open the link, enter your name and date of birth, create a username and password, and fill out two security questions.  Then you can view your account on Caremark.com.     * If a member declines website, continue.      Caremark.com is always available to you if you ever want to access your account.  All you have to do is go to Caremark.com at any time to register.    Continue to [Not Registered for Text Messaging](#NotRegforTextMessaging). | |
| Not Registered for Text Messaging | I would also like to let you know; your plan has a feature for text messaging.  We can text you order status updates and when your prescription is available for refill.  You can then respond Yes or No to refill the prescription. I can set you up today, would that be, OK?     * If yes, proceed to [enroll in Text Messaging (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471) and continue to order status. * If member is already set up for text notifications.    Keep in Mind, you are set up for text notifications. We will send your order status updates and refills reminders via text.     * If **not**, continue.      This option is always available to you if you ever want to set that up on your account. | |
| **7** | Review the Order Status Screen for the member and:   * Provide update for orders that have shipped out recently and let the member know Rx is in transit and provide tracking if available. * Look for medications in Future Fill and give the member an update of dispensing date. * Look for prescription on Auto Refill, remind the member their prescription is on Auto Refill, and we are going to begin dispensing on <DATE>. * Look for prescriptions on Auto Renewal, remind the member their prescription is on Auto Renewal, and we will reach out to the Doctor’s Office to get a new Rx. * Look for prescriptions that are out of refills and offer to send a new prescription request (review Ready Fill at Mail screen to make sure Rx is not enrolled). * If not applicable, proceed to the [Order Placement screen (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a). | | |
| **If the Rx (Prescription)…** | | **Then…** |
| Recently shipped out (within the last 30 days) | | I show your prescription <RX NAME & DOSAGE> shipped out on <DATE ORDER SHIPPED>.  And it is on the way to you.  You may also provide tracking information if available. |
| Is in Future Fill status | | I show your prescription for <RX NAME & DOSAGE> is set to begin dispensing on the <DATE SET FOR DISPENSING>.  Once your order is shipped, we will send you a notification by <MESSAGE PREFERENCES> letting you know it is on its way. |
| Is on Auto Refill and set to begin dispensing on a future date | | I show your prescription for <RX NAME & DOSAGE> is on auto refill and is set to begin dispensing on <DATE SET FOR DISPENSING>.  Once your order ships out we will notify you by <MESSAGE PREFERENCE> letting you know the Rx is on its way to you. |
| Is on Auto Renewal and set to reach out to the doctor on a future date | | I show your prescription for <RX NAME & DOSAGE> is on Auto Renewal, we are set to reach out to the Doctor to get a new prescription on <DATE SET TO REACH OUT TO DOCTOR>.  Once we receive the prescription from the Doctor, we will notify you by <MESSAGE PREFERENCE> letting you know that we have received the new prescription, and it is in process. |
| Is on the Order Status screen and is Out of Refills | | 1. Review the [Order Placement screen (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) (to make sure we don’t have an Rx).      1. Review the Ready Fill at Mail tab to ensure they are not enrolled in Auto Renewal.    I show your prescription for <RX NAME & DOSAGE> is currently out of refills. I can send a request to the Doctor’s office requesting that they send a new prescription in for the medication. Would that be, OK?     * If **yes**, explain the new Rx request process. Verify prescription information with member, including dosage and quantity. * If **no**, continue to [Review Order Placement (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) screen. |
| **8** | [Determine the reason for the multiple calls](#_Determine_the_Reason) and resolve as appropriate. | | |
| **9** | Close the Call.  * Ensure members do not have any other questions or issues before you let them go.      * Recap the call with the member and go over what you have done for them today.      We ordered your prescription for <RX NAME & DOSAGE> set it up on Auto Refill.  I have sent you a link to register your account on the website at Caremark.com.  We have sent a request to your Doctor for <RX NAME & DOSAGE>, and lastly your prescription for <RX NAME & DOSAGE> is set to begin dispensing on <DATE OF RX IN FUTURE FILL>.    **CCR:** Ensure that the member does not have any other questions or issues before you release the call.   Do you have any other questions before I let you go?     * If **yes**, answer any other questions or concerns. * If **not**, continue.      I appreciate you taking the time to speak with me today. I hope you have a great day! | | |

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| Determine the Reason for the Multiple Calls |

Use as appropriate: (Select hyperlink below to quickly access the resolution)

* [Automatic Renewal Program (ARP)](#ReasonARP)
* [Days’ Supply](#ReasonDaysSupply)
* [Different Dosages](#ReasonDifferentDosages)
* [Maintenance Medications](#ReasonMaintenanceMedications)
* [Old Prescriptions](#ReasonOldPrescriptions)
* [Prior Authorization](#ReasonPA)
* [Quantity Changes](#ReasonQuantityChanges)

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| **If due to…** | **Then…** |
| **Automatic Renewal Program (ARP)** | Look for opportunities to present [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de).     Your plan offers Automatic Refill and Auto Renewal. Keep in mind these are two separate programs.     Automatic Refill is every 3 months once your prescription comes available for refill, we will fill it and ship it out to you. We will notify you a few weeks ahead of time that way if you want to make any changes to the order you can do so.     Automatic Renewal is if your prescription ever runs out of refills or expires, we will automatically reach out to your Doctor. When it is time to get a new prescription and we will notify you a few weeks ahead of time of that as well. Would that be, OK?     * If **yes**, proceed to enroll member in [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de). * If **not**, continue.      There is the option to only do the auto renewal.  If your prescription ever runs out of refills or expires, we will contact your Doctor for a new prescription.     * If **yes**, refer to Auto Refill Program (ARP) (022387), then continue to the disclaimer.      Keep in mind if your dosage ever changes or you get taken off the medication, be sure to notify us so we do not continue to fill the medication <read disclaimer in PeopleSafe if enrolled in Automatic Refill and Renewal>.     * If **not**, continue.      Keep in mind if you ever decide you want to enroll, the option is always available through your plan.  You can either call us or set it up through the website at Caremark.com.     * If member has some Rx’s enrolled in Auto Refill and Auto Renewal but some are not, continue. * If none are enrolled then enroll, refer to [ARP (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de).      I show you have some of your prescriptions set up for automatic refill and renewal, but there are a few that are not, would you like to set those medications up as well?    **CCR:** Proceed to review the Rx’s that are not on Auto Refill Program (ARP) and confirm if member would like to have them placed on this program. |
| **Days’ Supply**  (If the member has multiple medications on file and the current Rx, they have is for 90 days, but there is Rx’s on file less than a 90 days) | I show that we have multiple prescriptions on file for <RX NAME & DOSAGE(S)>. Since we have a prescription on file for 90 days’ supply, can we go ahead and remove the prescription we have on file for a <DAYS SUPPLY SHOWN>?    **Example:**  Most likely it may be a 30-day supply     * If **yes**, continue to make a prescription level comment indicating member has a 90ds on file and discontinue. Do this for multiple medications if applicable. * If **not**, continue.      Ok this prescription will remain on the account until it expires or you choose to discontinue it.     You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Disregard this notification once you receive it. We are only discontinuing the one for the DAYS SUPPLY. The prescription for your 90-day supply is still on file.     * If **yes**, read disclaimer.     **CCR:** For each medication that is discontinued let them know that will get a notification. |
| **Different Dosages** | One of the things that we try to do on your account when we call is account maintenance to ensure everything is accurate.    **CCR:** If member has **different dosages of the same medication** on file,   I show your prescription for RX NAME has multiple prescriptions on file with different dosages.  **CCR:** Review the dosages of medication(s) with member and continue.   Which one of these are you currently taking?    **Result:**  Member provides current dosage    Is it ok that we discontinue the <RX NAME & DOSAGE OF THE RX MEMBER IS NOT TAKING> from the account? This way it does not accidentally get ordered.     * If **yes**, continue to add a [Prescription level Comment (086165)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dfe59c11-8a1a-4c1e-b939-2825186a20ce) if the member is no longer taking this dosage and [discontinue the Rx (008895)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a069336-d84a-435d-97be-49eaccd5ab77). Do this for multiple medications if necessary and provide an explanation. * If **not**, continue.      Ok, this prescription will remain on the account until it expires or you choose to discontinue it.     You will receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.     * If **yes**, read disclaimer.     **CCR:** For each medication that is discontinued let them know that will get a notification. |
| **Maintenance Medications** | Educate member on maintenance medications that they are currently receiving at the local pharmacy to determine if they want to [Transfer them to Home Delivery / Mail Order. (041409)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5c75c145-b15c-441e-aba2-190ab033d68f)     * If member is receiving maintenance medication on 30 day’s supply; offer to reach out to get a [90 day supply of medications (014264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=87c79a8a-6bca-40d0-ba93-6b3fdf9b5d8a) from their Doctor.      * Run a Test Claim to illustrate the price savings (if any) by switching to a 90-day supply of their medication compared to filling a 30-day supply.      * If a member is receiving a 90-day supply at a local pharmacy, offer to reach out to their Doctor for a new Rx request or submit task to have Rx transferred to Home Delivery / Mail Order.      * If member is receiving a 30 days’ supply of maintenance medication at a local pharmacy say:      I show your prescription for <RX NAME & DOSAGE> you are currently getting on a 30-day supply at your local pharmacy. I can send a fax request to your Doctor’s office requesting that they send a 90-day supply of the medication into the Home Delivery/Mail Order pharmacy. Would that be, OK?     * If **yes**, explain [new Rx request (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) process then verify prescription and Doctor’s information. * If **not**, run a Test Claim and if there is a Savings at the Home Delivery/Mail Order.  Refer to rebuttal.      Keep in mind, right now you’re receiving the medication at a 30-day supply and you are paying <PRICE FOR 30DS ON TEST CLAIM> compared to if you switch it to Home Delivery / Mail Order for a 90 day supply you would pay <PRICE ON TEST CLAIM FOR 90DS>, so you would save some money by switching. I can send a request to your Doctor asking them to send it into the Home Delivery / Mail Order if you like?     * If **no** refer to rebuttal, then continue.      Ok. If you ever decide you want to switch your prescription to mail order you can have your Doctor, send a 90-day supply prescription electronically to our Home Delivery/Mail Order pharmacy or we can send a request to the Doctor for you at any time.     * If a member is receiving medications for a 90-day supply at local pharmacy, continue.      I see you are currently getting the <RX NAME & DOSAGE> at the local pharmacy for a 90-day supply. Do you want to keep it at the local pharmacy or would you like to switch it over to Home Delivery / Mail Order?     * If **yes**, continue. * If **no**, ends process.      Ok, I can go ahead and send a request to your Doctor requesting they send a prescription of a 90-day supply into Home Delivery / Mail Order for you.     * If a member responds, indicating they want you to use the prescription that is at the local pharmacy and not reach out to the Doctor for a new Rx, continue.      Was the prescription originally written for a 90-day supply, and does it have refills?     * If **yes**, submit an [RM task to have the prescription transferred (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553) and educate on the turnaround time.       We will let you know when we receive it and its next available refill date.     * If **not**, continue.      I would need to go ahead and submit a request to your doctor to get a new prescription for a 90-day supply, OK?     * If **yes**, submit and explain the new Rx request process. Verify prescription and doctor Information. * If **no**, and member wants to keep it locally,    Ok. If you ever decide you want to switch your prescription to Home Delivery/Mail Order you can have your Doctor, send it to us electronically, or we can send a request to the Doctor for you at any time. |
| **Old Prescription(s)** | * Look for prescriptions on member’s file that has not been filled in 6 months or longer. * Review the [Order Status (084637)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d7705dc0-cfda-4193-8919-fadf9a303db4) and [Order Placement (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) screens to see if it’s a duplicate prescription.   + If a duplicate prescription exists, ensure everything is the same then continue.    I show we have duplicate prescriptions on file for <RX NAME & DOSAGE>. Is it OK that we go ahead and discontinue the older prescription from the account since we have an updated one on file?     * If **yes**, continue to make a prescription level comment indicating this is a duplicate prescription and discontinue. Do this for multiple medications if necessary and provide an explanation.      * If **not**, continue.    This prescription will remain on the account until it expires or you choose to discontinue it.   You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it. This is just the duplicate we are discontinuing.    **CCR:** For each medication that is discontinued let them know that will get a notification.     * If there is Not a duplicate prescription,    I show your prescription for RX NAME & DOSAGE has not been filled since GIVE DATE OF LAST REFILL. Are you still taking this medication?     * If **yes**, continue.    Are you doing OK on this medication, or do we need to place an order for it?     * If **not**, continue.    Ok the prescription will remain valid until <EXPIRATION DATE OF RX>. If you need to order it beyond that date, we will need a new Rx from the Doctor.     * If member no longer takes medications,    Is it OK if we discontinue the <RX NAME MEMBER IS NO LONGER TAKING> from the account? This way it does not accidentally get ordered.     * If **yes**, continue to make a prescription level comment that member no longer takes this prescription and discontinue. Do this for multiple medications if necessary and provide an explanation.    You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.     * If **yes** read disclaimer.     **CCR:** For each medication that is discontinued let them know that will get a notification.     * If **not**, continue.    Ok this prescription will remain on the account until it expires or you choose to discontinue it. |
| **Prior Authorization** | Refer to [Commercial Prior Authorization (PA), Clinical Exceptions, and CoverMyMeds Electronic Prior Authorization (ePA) (029267)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d398e625-c2e5-4974-ae84-115dd5e53b73) |
| **Quantity Changes** | I show your prescription for <RX NAME & DOSAGE> has multiple prescriptions on file with different quantities of how many you take daily.  **CCR:** (Member has the same medication on file with different quantities.) Review the quantity listed on the prescription and determine the correct amount. Once correct quantity is verified, continue.     Is it OK if we discontinue the RX NAME &DOSAGE & QUANTITY OF RX(S) MEMBER IS NO LONGER TAKING from the account? This way it does not accidentally get ordered.     * If **yes**, continue to make a prescription level comment indicating the member no longer takes this quantity amount on this Rx and discontinue. Do this for multiple medications if necessary and provide an explanation.      * If **not**, continue.    Ok this prescription will remain on the account until it expires or you choose to discontinue it.   You are going to receive a notification, most likely through the mail, letting you know this prescription has been discontinued. Just disregard this notification once you receive it.     * If **yes**, read disclaimer.     **CCR:** For each medication that is discontinued let them know that will get a notification. |

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| Related Documents |

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

[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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