# Compass or PeopleSafe - Caller Authentication – Non-CTI/IVR Authenticated Calls including Authenticators

[Not CTI/IVR Authenticated or Partially Authenticated - Calling for Self/Parent or Guardian of a Minor Child/Power of Attorney (POA) Process](#_Toc170409621)

[Not CTI/IVR Authenticated or Partially Authenticated - Calling in for Someone Else Process](#_Toc170409622)

[Authenticators](#_Toc170409623)

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**Description:** Provides the required information that must be obtained and recorded when accepting calls when it has not been fully authenticated via the CTI system, along with the questions of how to obtain this information prior to continuing the call. Includes additional information about each authenticator type.

* If the caller interrupts before you have fully authenticated, empathize, reassure them you can help, then redirect to complete full authentication before proceeding to assist the caller:

**Example:** I definitely understand, and I would be happy to assist. To better do that please provide me…



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| Not CTI/IVR Authenticated or Partially Authenticated - Calling for Self/Parent or Guardian of a Minor Child/Power of Attorney (POA) Process |

**Notes:**

* For information regarding, refer to [Custodial Parent Non Cardholder Questions, refer to HIPAA Grid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) (028920).
* For more information regarding Power of Attorney, refer to [Power of Attorney](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1) (044584) or [Compass - Power of Attorney (POA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c) (053889)

Perform the following steps to authenticate the call:

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| **Step** | **Action** |
| **1** | **Example:** Thank you for calling <PBM Name>. My name is <your name>. Who am I speaking with today please?  Ensure the caller gives the member’s both first and last name. If only 1 name is given, prompt for the full first and last name. If the parent/guardian of a minor child or the POA is calling, document their first and last name.   * If the caller responds by asking a question, empathize and acknowledge , and then authenticate the caller. |
| **2** | **Example:** Are you calling for yourself today?   * If they are not calling for themselves, and are **not** a Parent or Guardian of a Minor Child, or POA (Power of Attorney) on file, refer to [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) * If caller **is** Parent or Guardian of a Minor Child, or POA, document their name. For the questions below, obtain the member’s information. |
| **3** | **Example:** Thank you <first name of member>, what is <your/their> date of birth please?  **Note:** If the Date of Birth is incorrect in our system, the member needs to contact their Benefits Office. |
| **4** | **Example:** Excellent, what <is your/their> the zip code?   * If unable to verify the zip code from the Main Screen, obtain the plan sponsor in its place. Alternative zip codes listed in the account are **not** accepted. |
| **5** | **Example:** Perfect,to ensure I am in the right account, what is? (Ask for one):   * + Name of a prescription for the member on file (preferred)   + Prescription number for the member on file   + Member ID   + If the caller states the member has no prescriptions on file, and there are none on file within the last 90 days, this meets the authentication requirement.   If the caller cannot fully authenticate, we cannot assist them with any member PHI/PII. If they would like to file a complaint, warm transfer the caller to a Customer Relations Representative with the Privacy Hotline at 1-866-443-0933. |

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| Not CTI/IVR Authenticated or Partially Authenticated - Calling in for Someone Else Process |

Perform the following steps to authenticate the call:

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| **Step** | **Action** | |
| **1** | **Example:** Thank you for calling <PBM Name>. My name is <your name>. Who am I speaking with today please? (PAUSE)  **CCR:** If the caller responds by asking a question, empathize and acknowledge and redirect to authentication. | |
| **2** | **Example:** Are you calling for yourself today?   * If yes, or if they are the Parent or Guardian of a Minor Child, or POA (Power of Attorney) on file, refer to [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) * Ifno,  **Example:** What is the member’s first and last name, please? <Pause for response.>   + **Required:** Is the member aware you are calling today? (Third-Party Question)  * If **yes**, continue to the next step. * If **not**, **stop** the call and ask the caller to have the member call us.   The following call types do **not** require the Third-Party question listed above (check the CIF for any exceptions):   * Power of Attorney, with proper paperwork on file * Providers (doctor or prescriber’s office, benefit verification specialist, copay assistance program employee) * Government Agencies (Veteran Affairs, Medicaid, Department of Defense, other state/federal agencies, state board of pharmacy) * Client and Plan Representatives (Brokers Office- MED D, Benefits Office, Account manager, medical – hospital or emergency, health plan representatives) and Plan Programs Retail/Mail order pharmacies * Nursing home or Hospice facility * Calling for Deceased members, refer to [Mail Order Calls Regarding Deceased Members](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c6cc8fe8-1f11-47c6-886b-b36639f716f1) (010338) **Note:** Fully authenticate the caller before assisting with calls for the deceased member. | |
| **3** | **Example:** Thank you <callers first name>, what is the member’s date of birth please? | |
| **4** | **Example:** Thank you, what is the member’s zip code please? **CCR:**If unable to verify the zip code from the Main Screen, obtain the plan sponsor in its place. Alternative zip codes listed in the account are **not** accepted. | |
| **5** | **Example:** To ensure I am in the right account, what is? (Ask for one):   * + Name of a prescription for the member on file (preferred)   + Prescription number for the member on file   + Member ID **or** MBI/HICN # (Medicare)   + If the caller states the member has no prescriptions on file, and there are none on file within the last 90 days, this meets the authentication requirement.   **Notes:**   * + Centers for Medicare & Medicaid Services (CMS) Test Calls may not provide member information; however, you can and should assist (always answer “Yes I can.”). Test Calls may not have an NPI to provide. Regardless of what plan the caller references, the answer is Yes, I Can Assist. Refer to [CMS Test Calls (046834).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97664e51-5da0-4bf0-9217-18f07a9c78a1)   + If the caller cannot fully authenticate, we cannot assist them with any member PHI/PII. If they would like to file a complaint, **warm** transfer the caller to a Customer Relations Representative with the Privacy Hotline at **1-866-443-0933**. | |
| **If the Third Party is calling from a…** | **Then document the following information…** |
| **Provider** This may include the following caller types: Any caller from the doctor's office/prescriber’s officeBenefit Verification SpecialistCopay Assistance Program Employee | VerifyNPI (National Provider Identifier)/NABP (National Association Board of Pharmacies) and document the following:Caller’s Name (First Name and Initial of Last Name), job title and Provider, Group, or Hospital Name  Refer to [Verifying the Pharmacy NPI/NCPDP (029568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2663a233-b437-46f7-adb7-35c6e2078da2) |
| **Hospital or Emergency Medical Personnel** | Phone number and Name of Hospital or Emergency facility |
| **Client and Plan Representative**  This includes the following caller types: Broker’s Office (MED D)Benefits OfficeAccount ManagerMedicalHealth Plan Representative | Phone number and business they are representing. |
| **Government**  This includes the following caller types: The Department of Veterans Affairs (VA)MedicaidDepartment of Defense (DOD)State board of pharmacyOther state or federal agencies excluding Prisons or law enforcement officials. | Phone number and name of agency.  **Note:** Due to the sensitivity surrounding these types of calls, Government or State Agency callers should not be turned away for any reason. State Board of Pharmacy must be warm transferred to the Senior Team regardless of Authentication.  **Medicaid:**  If you are not trained to take these calls, **warm** transfer the call to the appropriate Medicaid Team per the CIF.  **Veterans Affairs** or **Department of Defense** calls should be routed to **CMS**. |
| **Retail or** **Other pharmacies, or** **3rd Party Insurance PBM Vendors** **Examples:** Express Scripts, Highmark, Optum Rx, etcetera | NCPDP/NPI  Refer to [Verifying the Pharmacy NPI/NCPDP (029568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2663a233-b437-46f7-adb7-35c6e2078da2) |

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| Authenticators |

The following **primary** authenticators are **required** on every incoming call discussing member and/or account information (the CTI/IVR system gathers them automatically for calls that are fully CTI/IVR Authenticated):

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| **Authenticator** | **Related Information** |
| **First and Last name of the member** | * Caller must provide **full name** of member (first and last name), if only first name is given prompt the caller for the last name, even if CTI/IVR authenticated. * If the member provides a shortened version of their name, this is a valid authenticator.   **Example:**  A nickname, “Reggie” for “Reginald.”   * When only one half of a hyphenated name is given, it can be accepted as a name match.   **Example:**  Forster for Forster-Vera, or Vera for Forster-Vera.   * If you are unsure if the account matches, verify the member’s full name by asking:    **Example:** Can you provide the member’s name as it appears on the member ID card? |
| **Date of Birth (DOB)** | **Example:** Thank you <first name of member>, what is your date of birth?  **Note:** If the DOB is incorrect in our system, the member needs to contact their Benefits Office. |
| **Zip Code** | **Note:**If unable to verify the zip code, obtain the plan sponsor (client name) in its place. Must be the primary (current) zip code, alternative (address history) zip codes are **not** acceptable. |
| **Prescription (Rx) name**  **Or**  **Number for one prescription on the account** | * + If the caller states the member has no prescriptions on file, and there are none on file within the last 90 days, this meets the authentication requirement. * If the caller does not have the name/number of a Rx on file (or cannot proactively confirm there is no Rx on file), you may use the **Member ID#** (Commercial) or **MBI/HICN #** (Medicare).   Medicare Beneficiary Identifier (MBI) Health Insurance Claim Number (HICN)  **Do not proactively ask for a member’s social security number.  This will result in a failed Quality call.**If a member proactively offers it, attempt instead to direct the member toward providing the three other authenticators. Proceed with collecting the three other pieces of authentication (Member’s first and last name, member’s DOB and zip code). |

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| Questions and Answers |

Follow the steps below:

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| **Question/Statemen** | **Answer/Resolution** |
| **Can I continue the call if I cannot obtain all required authenticators?** | Inform the caller that in order to protect member privacy, we must be able to authenticate the call and ask that they call us back when they can provide the required information.  **Exception:** If the caller is from an Emergency Facility requesting the members prescription history, refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) (028920)- **Hospital or Emergency Personnel** section.  **Note:** If the caller cannot fully authenticate, we cannot assist them with any member PHI/PII. If they would like to file a complaint, warm transfer the caller to a Customer Relations Representative with the Privacy Hotline at 1-866-443-0933. |
| **What information can I shared with the caller?** | To determine the information that may or may not be shared with callers, or which type of caller may make changes/updates refer to [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce). |
| **Where can I find the process to locate a member?** | * [Search Find and View a Member's Profile in PeopleSafe and RxClaim (027257)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57660ff2-9cac-4009-8267-7231e754b512) * [Compass Member Search](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114) (050037) * [No Access to this Beneficiary, Colleague or Member Search Returns Error (Account is Only Accessible to Those Dedicated to the Client)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e29c8b2d-44b0-4165-aa4b-7fa662873563) (050285)   Remain positive while searching for the member.  **Example:** May I have your ID Number (number does not work). Thank you, may I get your first and last name with date of birth? |

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| Related Documents |

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**Parent Documents:**

* [CALL 0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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

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