# Auto Refill Program (ARP) ® Overcoming Objections

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**Description:**  Members may have objections signing up for programs. The tables below provide examples of appropriate responses for these objections.

**Note****:** Examples of appropriate responses for these objections.

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| Objections about Time |

In the example below, the member is expressing concerns about the time it will take to enroll in the Auto Refill Program (ARP).

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| **Objection** | **Response** |
| I do not have the time to set this up. | I can absolutely set this up for you right now as we order your refill. Our automatic refill program will save you time in the future as well, as you will not need to remember to call every few months. It also will help ensure you do not run out of your medication. We will send you an email, call or text 23 days before your refill is due and where you confirm or cancel your refill. When your prescription expires or is out of refills, we will contact your doctor to get a renewal. |

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| Objections about the Hassle |

In the examplesbelow, the member is expressing concerns about the complexity and difficulty of the program that may prevent them from enrolling in the Auto Refill Program (ARP).

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| **Objection** | **Response** |
| **Medicare-D/EGWP Only:**  I don’t like that I must give consent before my prescription will be refilled/renewed. | **Medicare-D/EGWP Only:**  By law (per CMS - Centers for Medicare & Medicaid Services), we are required to gain consent from Medicare and select EGWP (Employer Group Waiver Plans) members prior to refilling their prescriptions.  **CCR:**  Check for option to disenroll from Ship Consent, refer to MED D - Expressed Consent (Ship Consent) for Non-Beneficiary Initiated Fills adding consent for every order section works the same to remove consent |
| **Medicare-D/EGWP Only:**  I do not like the fact that I am being contacted for consent by IVR. | **Medicare-D/EGWP Only:**  By law (per CMS - Centers for Medicare & Medicaid Services), we are required to gain consent from Medicare and select EGWP (Employer Group Waiver Plans) members prior to refilling their prescriptions.  We are evaluating other communication channels through which to gain a member’s consent. (**Example****:** Email, text, secure message via portal, etcetera.) |
| I do not want to have too much medication on hand if I do not need it. | This program will calculate how much of a prescription you have on hand to avoid sending too much medication. |

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| Objections about Trusting the Program |

In the examples below, the member is expressing concerns about the complexity and difficulty of the program that may prevent them from enrolling in the Auto Refill Program (ARP).

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| **Objection** | **Response** |
| I won’t know when my refills are coming | We will notify you about your prescription status with alerts by phone call (IVR), email, or text message which will provide you enough time to cancel if necessary. |
| I may want to stop this service | You have the freedom to stop the service at any time and return to ordering refills at your discretion. |
| I have used this program in the past and I did not get my prescriptions on time. | There have been some issues in the past surrounding auto-refilled prescriptions that were not automatically enrolled in auto-refill as well as some prescriptions that were held because of a limited supply. With the help of our members’ feedback these issues have since been corrected and you should not experience this any longer. |
| I did not get notified when my prescription was about to be auto refilled | Members who sign up for the Auto Refill Program (ARP) will also sign up to receive automated messages via phone (IVR), email, or text to alert them prior to their prescription refill.  **CCR:** Order is created for refill is 23 days prior processing, and the order will be processed on the 7th day. |
| I receive an error when I try to cancel an Auto Refill Program (ARP) prescription via the Member Web Portal | This is a known issue, and an estimated date for this to be corrected is to be determined. I will be happy to help you with managing your Auto Refill Program (ARP) prescriptions over the phone. |
| The medication I am taking is not the medication listed in the communication I received. | Today, our member communications list the name of the medication that was prescribed vs. dispensed. So, for example, the letter may say Lipitor when you are taking Atorvastatin. Your request to have the name of the dispensed drug listed instead has been made. We do not yet have an estimated date of completion currently. |
| The communications I receive confirming my enrollment do not list the medication I am taking. | You will receive a letter confirming your enrollment in Auto Refill Program (ARP). |

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| Objections about Prescription Changes |

In the examples below, the members are expressing concerns about potential changes that may impact their prescriptions and prevent them from enrolling in the Auto Refill Program (ARP).

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| **Objection** | **Response** |
| My doctor may change | If you change doctors, you may un-enroll any necessary prescriptions at any time and re-enroll the new prescription from the new doctor. |
| I changed carriers and my prescriptions are no longer enrolled in the Auto Refill Program (ARP). | If your new insurance offers Auto Refill Program (ARP), then your prescriptions and preferences should carry over to the new carrier. |

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| Objections about Cost/Payment |

In the examples below, the member is expressing concerns about the cost of moving their prescriptions to the Auto Refill Program (ARP).

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| **Objection** | **Response** |
| I do not have the money for automatic payments to come out of my account. | We have several payment options that could help. We also accept all major credit cards and electronic checks. |
| I do not want you to automatically charge my account. | The program requires a payment method to be on file for ease of process. If there is a medication that you do not take regularly it does not have to be enrolled. Medications that you expect to receive on a regular basis will process in a timely order to prevent you from running low. We will always contact you with intent to fill, at which time you can inform us to proceed or hold the refill for a later date. We have several payment options that could help. We accept all major credit cards as well as electronic checks. |
| I do not like the fact that my credit-card needs to be pre-authorized before my prescription gets shipped (~23 days each time ARP order is processed). | I understand your concern; however, this is a standard business practice that applies to all prescriptions filled at mail, not just those enrolled in the Auto Refill Program (ARP). Your card will not be charged until the order ships. |

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| Objections about Past Issues with the Program |

In the examples below, the members are expressing concerns about repeating complications they experienced when participating in the Auto Refill Program (ARP) in the past.

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| **Objection** | **Response** |
| I didn’t get notified when my prescription was about to be auto refilled or auto renewed | Members who sign up for the Auto Refill Program (ARP) will also sign up to receive automated messages via phone (IVR), e-mail, or text to alert them of their prescription status. |
| I have used this program in the past and I didn’t get my prescriptions on time. | There have been some issues in the past with auto-renewed prescriptions that were not automatically enrolled in auto-refill as well as some prescriptions that were held because of a limited supply. With the help of our member’s feedback these issues have since been corrected and you should not experience this any longer. |

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| Related Documents |

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

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

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