# IVR Research Request Procedures and Form

[Process](#_Toc204945957)

[Related Documents](#_Toc204945958)

**Description:** Instructions for how to complete the steps to initiate an IVR Research request when you are unable to resolve the member’s concern about an issue they are experiencing with the IVR.

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| **Process** |

All research requests will be completed within **7 business** days after receipt of request.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Determine the type of call. | |
| **If the call was placed via the…** | **Then…** |
| Inbound IVR | Create an email as follows:   * **To:** [IVRresearchrequests@cvshealth.com](mailto:IVRresearchrequests@cvshealth.com) * **Subject:** “SECUREMAIL - - This email may contain PHI or other sensitive information" * **Body:** Copy and paste the following table into the body of the email and complete all the fields.   **Note:** A lack of data may hinder a timely resolution. All fields below are required to be completed.     |  |  | | --- | --- | | Requester’s Name |  | | Requester’s Dept./Location |  | | Member’s ID Number |  | | Member’s D.O.B. |  | | Member’s Name |  | | Member’s RX Number |  | | Member’s Phone Number |  | | Toll Free Number the Member Dialed |  | | Time of Call in Question |  | | Date of Call in Question |  | | High-Level Description of Issue |  | | Description Detail |  |   **Note:** If you have difficulties with this form, send the following information to your supervisor as a reported IVR issue.   * Member ID: * Member’s Date of Birth: * Member’s Name: * Member’s Rx Number: * Member’s Phone Number: * Toll Free Number the Member Dialed: * Time and Date of the Call: * High Level Description of Issue: |
| Outbound IVR  **Note:** If the order in question lists the ‘Received Mode’ as IVR Import, it signifies the order was placed via the Outbound IVR. | Create an email as follows:   * **To:** [outboundcallsmailbox@cvshealth.com](mailto:outboundcallsmailbox@cvshealth.com) * **Subject:** “SECUREMAIL - - This email may contain PHI or other sensitive information" * **Body:** Include the member’s phone number and ID. |
| **2** | Click **Send**. | |

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| **Related Documents** |

[IVR Issues – Troubleshooting and Reporting (044504)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=27d43106-1755-4dba-8027-c1c7c1de6f83)

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

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

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