# PeopleSafe - High Touch Outreach Outbound Calls

[Process](#_Toc138660774)

[Identified Opportunities](#_Toc138660775)

[Related Documents](#_Toc138660776)

**Description:** Process when making outbound calls to support the High Touch Outreach program.

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| Process |

If you are not on the High Touch Outreach Outbound Team this work instruction **does NOT apply** to you.



Before making an outbound call make sure you are:

* Using the Campaign Manager Tool to access your call list.
* Pull up the member’s account in PeopleSafe:
  + Review any Stop-See/High Priority comments.
  + Review the View Activity page for recent calls and activity.
  + Ensure there is no SRU, Account Manager, or Case Coordinator recent activity.
    - If there is, do NOT place the call.
  + Perform an [Account Wellness Check (095822)](https://thesource.cvshealth.com/nuxeo/nxfile/default/c954b131-7884-494c-b4bb-dfc12fdc846f/ncf:generated_pdf/Universal%20Care%20-%20Consultative%20Call%20Flow%20(CCF)%20Process%20031125.docx.html?changeToken=65152-0&inline=true#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) to identify talking points.

**Examples:** Specialty medications, payment exceptions, expiring Prior Authorizations, recent orders, or orders in process

* Access the CIF for the member’s client and pull up any work instructions that correlate with the account wellness discoveries previously made.

Some key attributes to a successful call include:

* Be prepared: Do the necessary research before placing the call
* Be confident
* Listen actively
* Be empathetic to the member’s concerns. You may receive pushback when attempting to authenticate an outbound call. Refer to [Universal Care – Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) and [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f).

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Greet the member.  Hello, this is <Your Name> with CVS Caremark on behalf of <Client Name>.Is <Full Member Name> available?   * If member confirms it is them on the phone, continue.   As a valued member, I am reaching out to make you aware of your new plan benefits through CVS Caremark and ensure you understand your coverage. We may have an opportunity to save you time, money, and make managing your prescriptions with us easier. Do you have a few minutes to speak with me?   * If **yes**, continue to next step. * If **no**, ask when a good time would be to call back. | | |
| **2** | Provide the 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** | Provide the program introduction.    Before we begin, I want to make sure we devote time to address any immediate needs. Do you have questions about your prescriptions or benefits that I can help answer?   * **If yes**, answer any questions or concerns that member has on their account. * **If no**, continue. | | |
| **4** | [Authenticate (004568)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) the caller.  In order to protect your privacy, can you please provide your zip code (or other possible authenticators mentioned below) | | |
|  | **If…** | **Then…** | |
|  | Speaking with someone who represents themselves as the member/beneficiary | Ask for the following:   * First and last name of the person we need to contact. * Phone number we have on record that was called. * Zip Code * Possible substitutes: Year of birth, day/month of birth, or street name (full address not needed) | |
|  |  | **If the member is…** | **Then…** |
|  |  | Hesitant to provide authentication information | * Restate your purpose and emphasize need to protect their privacy. * Use immediate needs mentioned by member in Step 3 (if applicable):   In order for us to discuss your <member need> I must first verify your zip code to protect your privacy. |
|  |  | Refuses to provide authentication information | I completely understand! I will be leaving notes on your account, and you can call the number on your member ID card and any agent can help you.  Document in PeopleSafe: “Outbound Call Made for Account Wellness: Spoke with member and they were not comfortable providing authentication. Instructed member to call us back using number on ID card to verify Caremark made the call. If member calls back, you as a CCR should confirm that we reached out and validate the call. Please do an account wellness check and welcome them to their plan while answering any questions they may have regarding their prescriptions (non-formulary medications, future fills, duplicate Rxs, PA issues, etc.), educate the member on self-service options offered by their plan (Caremark.com, mobile app, ARR), and update demographic information (address, phone number, messaging preferences).” |
|  | Speaking with 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 * Phone number we have on record that was called * Zip Code * Possible substitutes: Year of birth, day/month of birth, or street name (full address not needed)   Refer to [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) to verify all appropriate 3rd party information.  Inform member we will require a POA or authorization form on file to speak with 3rd party on future calls. | |
| **5** | Using pre-call research, identify the purpose of your call.  I want to help mitigate any challenges you may have in the future, and after reviewing your account, I see a few opportunities I would like to discuss.  **Note:** Be sure to address ALL items pertaining to the account. Refer to [Identified Opportunities](#_Identified_Opportunities) section below.   * [Medications requiring Prior Authorization](#MedsReqPA) * [Non-Formulary Medications](#NonFormMeds) * [Medications with Quantity Limits](#MedswithQL) * [Pharmacy Not In Network](#PharmNotInNetwork) * [Maintenance Choice Medications/Retail to Mail/ and Day Supply](#MChoiceRetailToMailDaySupply) * [Specialty Medications](#SpecialtyMeds) * [Caremark.com](#Caremarkcom) * [Communication Preferences](#CommunicationPreferences) * [Automatic Refill/Renewal](#AutoRefillRenew) * [Digital Demographic Capture](#DigDemographicCapture) | | |
| **6** | Recap the call with the member and go over what you have done for them today.  **Examples:**   Today, we ordered your prescription for <Rx name and Dosage> and set it up on Auto Refill.  I’ve 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 and Dosage>, and lastly, your prescription for <Rx Name and Dosage> is set to begin dispensing on <Date of Rx in Future Fill>. | | |
| **7** | Ensure the member does not have any other questions or issues before you release the call.  Do you have any other questions or concerns?   * If **yes**, answer any other questions or concerns. * If **no**, continue. | | |
| **8** | Close the call.  I appreciate you taking the time to speak with me today. I hope you have a great day! | | |

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| Identified Opportunities |

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* [Pharmacy Not In Network](#PharmNotInNetwork)
* [Maintenance Choice Medications/Retail to Mail/ and Day Supply](#MChoiceRetailToMailDaySupply)
* [Specialty Medications](#SpecialtyMeds)
* [Caremark.com](#Caremarkcom)
* [Communication Preferences](#CommunicationPreferences)
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Refer to the table below:

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| **If the opportunity is for…** | **Then…** | | | | | | | | | |
| **Medications requiring Prior Authorization** | **Step** | | **Action** | | | | | | | |
| **1** | | Ask the member if they are still taking the medication.  I show your prescription for <Rx Name & Dosage> requires a prior authorization. Do you still take this medication?   * If **yes**, continue. * If **no**, end process if member does not need prior authorization. | | | | | | | |
| **2** | | Run [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to make sure PA is still needed. | | | | | | | |
| **3** | | Educate and assist member on what would need to be done to get a new [Prior Authorization](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d398e625-c2e5-4974-ae84-115dd5e53b73). | | | | | | | |
| **4** | | I can send a request to your doctor’s office to request a new Prior Authorization. | | | | | | | |
| **If the member wants…** | | | | | **Then…** | | |
| Us to send the request | | | | | a. Send an ePA request for the member using [CoverMyMeds (031201)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=846fc4bb-be62-4f48-aba4-23a47785db6c).  b. Explain the PA Turnaround time.   Your doctor’s office will be receiving a fax with the instructions for completing the electronic PA (ePA) request using CoverMyMeds within 1 business day of being sent. Once we receive the completed form from the doctor’s office, a determination will be made within 1-3 business days.  **Note:** If the drug name/strength/formulation that the member needs is not available for selection, you must contact the Senior Team for assistance. **If confirmed that the drug is not available:**   * Submit the PA request via RM task. Create the following RM task:   + **Task Category:** Commercial Prior Authorization   + **Task Type:** Commercial Contact MD for New PA   + **Queue:** Commercial Prior Authorizations and Appeals     - * **Notes:** Must include full drug details and “Drug not found in ePA **Drug Search**field” | | |
| The phone number for doctor’s office to submit the request | | | | | Validate phone number from the rejected Test Claim for the Medication and continue. | | |
| **Non-Formulary Medications** | If a member’s medication is not on the plan’s formulary, mitigate any potential issues by speaking to those medications and discussing alternatives and preferred options covered by the plan. | | | | | | | | | |
| **Step** | | | **Action** | | | | | | |
| **1** | | | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421).   * Refer to [Test Claim Formulary and Additional Alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). | | | | | | |
| **2** | | | I see that you may have prescriptions with CVS Caremark that are not listed on the formulary. I’d like to review this with you to see if any of your medications are not covered. If they are not covered, you will need to talk to your doctor to see if another medication is appropriate for you. | | | | | | |
| **3** | | | Discuss with the member any turnaround times for new prescriptions and set a clear expectation on [Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). | | | | | | |
| **Medications with Quantity Limits** | Educate the member on any prescription they have that may have a Quantity Limit based on their plan. Refer to [Value Formulary Medicines with Clinical Requirements](https://www.caremark.com/portal/asset/Value_Formulary_MCR.pdf).  I see that you may have a limit on the supply of some of your prescriptions filled by CVS Caremark. I’d like to review your prescriptions with you to see if any of your medications have supply limits.   * Advise the member to consult with their doctor on these clinical requirements. The doctor may need to:   + Change the member’s prescription to a plan medicine without clinical requirements (perhaps in the case of a drug that requires step therapy).   + Request a prior authorization (for a drug with step therapy, or for a drug that requires a specific diagnosis, or for a drug that is restricted by quantity limits but is eligible for higher quantities). | | | | | | | | | |
| **Pharmacy Not In Network** | We want to educate the member about any out of network pharmacies they may be using. If we identify an out-of-network pharmacy, refer to [Retail Pharmacy Details and Locator (023842)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c209183-6f8f-4e38-9647-7952ab652433).  I wanted to let you know that the pharmacy you currently use to fill your prescriptions will not be part of your plan’s pharmacy network. This means that it will be considered at an out-of-network pharmacy. If you continue to fill your medications at that pharmacy, they may not be covered, and you may pay more. To ensure your medications are covered and you are receiving the best possible cost through your plan, you would need to fill your prescriptions at an in-network pharmacy. Let’s discuss which pharmacies are in your network. | | | | | | | | | |
| **Maintenance Choice Medications/Retail to Mail/ Day Supply** | Educate member on maintenance medications that they are currently receiving at the local pharmacy to determine if they want to switch them to Home Delivery / Mail Order. Refer to [Rx Transfer: From Retail to Caremark Mail Order Pharmacy (041401)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=be4afe4d-8e76-411f-8691-7687ec8811ca). | | | | | | | | | |
| **If member is receiving…** | | | | | | **Then…** | | | |
| Maintenance medication for a 30 day’s supply at a local pharmacy | | | | | | 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.   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 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 okay? | | | |
| **If…** | | **Then…** | |
| 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. | |
| No | | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) and determine if there is a Savings at the Home Delivery/Mail Order.  Offer rebuttal.  Keep in mind, right now you’re receiving the medication at a 30-day supply, and you are paying <price for 30 days 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 90 days>, 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 still **no**, offer rebuttal then continue.   Ok. If you ever decide you want to switch your prescription to home delivery, your Doctor can 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. | |
| Maintenance medications for a 90- day supply at a local pharmacy | | | | | | I see you’re 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…** | | **Then…** | |
| Yes | | This would be a great opportunity for us to contact your prescriber for a new 90-supply for your prescription. It will maximize your benefits and ensure you receive the proper days’ supply for mail service.   * If member indicates they want you to use the prescription that is at the local pharmacy and not reach out to prescriber for a new Rx:  Was the prescription originally written for a 90-day supply, and does it have refills? | |
| **If…** | **Then…** |
| Yes | Submit RM Task to have the prescription transferred and educate on the turnaround time. Refer to [Rx Transfer: From Retail to Caremark Mail Order Pharmacy (041401)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=be4afe4d-8e76-411f-8691-7687ec8811ca). |
| No | Member can continue filling at retail pharmacy. |
| No | | Ends process. | |
| **Specialty Medications** | Identify any Specialty medications being taken by the member and discuss next steps to ensure they know how to get their Specialty medications and avoid therapy disruptions.  I see you have filled specialty medications with your previous benefit plan. With your new plan, CVS Specialty is one of your pharmacy network options where you can fill your specialty medications. When you fill your prescriptions through CVS Specialty, you have a choice in how you access your specialty medications and the support you need to stay on track, including:   * Convenience of dropping off your prescription at CVS Pharmacy (including locations inside Target stores). * Choice of either picking up your medication at CVS Pharmacy or having it delivered to any location you choose. * Support from your own CVS Specialty Care Team, led by clinicians who are specially trained in your condition. * Access to secure online tools that help you manage your prescriptions anytime, wherever you are. * Help from insurance specialists who work to maximize your benefits and lower out-of-pocket costs.   Once we have met all of your other needs, we will get you over to the Specialty team to set up your profile and look at those medications. | | | | | | | | | |
| **Caremark.com**  (Email on file but not registered for website) | Educate on sending the link to the website.  I’m going to send you an email with a personalized registration page on Caremark.com. You’ll be able to check on order status, order refills, and check drug costs and coverage.  Send the member a Quick Registration link. Refer to [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). | | | | | | | | | |
| **Communication Preferences** | Educate on [messaging preferences (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471) as appropriate. | | | | | | | | | |
| **If…** | | | | **Then…** | | | | | |
| No email is on file | | | | Try to obtain one from the member.  I want to make sure your information up to date on your account. What is your email address?   * If email is obtained, continue to [email on file but not registered for website](#Caremarkcom). | | | | | |
| Email is on file and not set up to receive notifications | | | | Verify email and set up for email notifications.  I will also set you up to receive your notifications through email. You can receive order status updates and refill reminders via email.  Set up CMP Alerts for email notifications. Refer to [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). | | | | | |
| Email is on file and is set up to receive notifications | | | | Keep in Mind, you are set up for email notifications. We will send your order status updates and refills reminders via email. | | | | | |
| Not registered for text messages | | | | I would also like to let you know your plan has a feature for text messaging. We can text your order status updates, and when your prescription is available for refill. You can then respond Yes or No to refill the prescription. I will set you up today.  Set up CMP Alert for Texts Messaging Alerts. Refer to [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). | | | | | |
| Registered for text messages | | | | Keep in mind you are set up for text notifications. We will send your order status updates and refill reminders via text. | | | | | |
| **Automatic Refill/Renewal** | Look for opportunities to present [Auto Refill / Auto Renewal (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de). Refer to CIF to see if client allows.  Your plan offers Automatic Refill and Auto Renewal. Keep in mind these are two separate programs.  Automatic Refill is every 3 months when 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 For a new prescription. We would notify you a few weeks ahead of time. Would that be okay? | | | | | | | | | |
| **If…** | **Then…** | | | | | | | | |
| Yes | Enroll the member in [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de). | | | | | | | | |
| No | 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…** | | | | **Then…** | | | | |
| Yes | | | | Refer to [Automatic Refill and Auto Renewal (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de), 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 don’t continue to fill the medication <read disclaimer in PeopleSafe if enrolled in Automatic Refill and Renewal>. | | | | |
| No | | | | 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. | | | | |
| **Digital Demographic Capture** | **Step** | **Action** | | | | | | | | |
| **1** | Verify address.  I want to ensure all communications and home deliveries are sent to the correct address. The address we have on file is <member’s primary address>, is this correct? | | | | | | | | |
| **2** | Verify if the number with which you reached them is the best contact number.  The phone number we have on file is <member’s primary phone number>. Is this the best contact number where you can be reached? Is this a cell phone number? | | | | | | | | |
| **3** | Verify and update email address.  **Examples:**  The email address we have on file is <member’s email address>. Is this correct?  I don’t show that we have an email address on file for you. Let’s add an email address so that we can help reduce the number of automated phone notifications you may receive (if applicable). We will also send you a link to register your account on the website at Caremark.com.   * If anything needs updated, make the necessary changes. * If everything is correct, continue to educate on [Messaging Preferences (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471). | | | | | | | | |

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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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