# Compass - High Touch Outreach Calls

[Process](#_Toc205989707)

[Identified Opportunities](#_Toc205989708)

[Related Documents](#_Toc205989709)

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

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| Process |

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



Before making an outbound call make sure you:

* Use the Campaign Manager Tool to access your call list.
* Have the member’s account pulled up in Compass:
  + Review any Alert comments.
  + Review **Member’s Recent Cases** and **Member’s Recent Support Task** panels.
  + 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** from the [Universal Care - Consultative Call Flow (CCF) Process (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#_Toc149728055) 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 [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9), Step 7.

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Proceed depending on the call.   * If **Outbound Call:** Refer to [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9) for how to access the account and initiate the call; then proceed to Step 2. * If **Inbound Call:** Proceed to standard inbound authentication and call flow.Refer to [Compass – Guided Caller Authentication (050163)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) and [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f), then proceed to [Step 5](#ProcessStep5). | | |
| **2** | 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.   **If a voicemail is received on an outbound call, use the following scripting:**  Hello, this message is for <Member Name>. This is <Rep Name> calling from CVS Caremark to discuss some important information about your prescription benefit plan. It’s important that you call us back toll-free at phone number 1-800-706-8480. We look forward to your call. Thank you, goodbye.”   * Refer To [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9) for call dispositioning as needed and document the account in accordance with the outbound call campaign. * Refer to [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b). Reason for Closing Case should be Interaction Completed. * Refer to [Compass - Primary Interaction Reason (PIR) (064447)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9a50365-4c4b-4157-8c7b-00f8e1e6b6f3). **Primary Interaction Reason** should be Account Maintenance and for **Primary Interaction Reason Detail** should be Account Updates. | | |
| **3** | In order to protect your privacy, can you please provide your zip code (or other possible authenticators)?  Refer to [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9) for authentication process. | | |
| **If…** | **Then…** | |
| Speaking with someone who represents themselves as the member/beneficiary | Refer to the following: | |
| **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 5 (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.   * Refer to [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9) for call dispositioning and selection the option **Member Not Available**, then select **Cancel Authentication**. * **Return to the member’s account. Click Close Case button and document the following in the Case Comments:** “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).” * **Disposition the call with the following:**   + **Resolution Response:** Not Resolved   + **Primary Interaction Reason:** Account Maintenance   + **Primary Interaction Reason Detail:** Account Updates * Click **Close Case** button.   Refer to [Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) and [Compass - Primary Interaction Reason (PIR) (064447)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9a50365-4c4b-4157-8c7b-00f8e1e6b6f3). |
| Speaking with 3rd Party  (Authenticated member/beneficiary must give verbal permission on the call to speak with a 3rd party.) | If you are speaking with a third party, and the **fully authenticated** member has given permission (over the phone) to discuss/share their medical/personal information and/or make changes with the third-party, you may treat the third-party caller as an authorized representative for **this call only**.  Inform the member we will require a POA on file to speak with 3rd party on future calls if they are not available.   * If the member or caller inquires about adding a POA to the account, refer to [Compass - Power of Attorney (POA)(053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c). | |
| **4** | Refer to [Compass **-** Outbound Guided Caller Authentication (066775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5a386ced-5dc4-4139-a0b3-9ceffb2431c9) for providing 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 the call not be recorded, advise:  For your protection and quality assurance purposes I am not able to stop the recording.   * If the member wants to proceed, continue to Step 5. * If the member does not want to proceed, advise the caller you would not be able to continue and thank them for their time. | | |
| **5** | 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. | | |
| **6** | Proceed depending on the call:   * **Outbound Call:** Using pre-call research, identify the purpose of your call. * **Inbound Call:** Review the Case Notes left on the previous outbound call made to the member to identify the purpose of the 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 (this may not be an all-inclusive list).   * [Demographic Capture and Communication Preferences](#_Toc205989331) * [Caremark.com](#_Toc205989332) [(Email on file but not registered for website)](#_Toc205989333) * [Automatic Refill/Renewal](#_Toc205989334) * [Maintenance Choice Medications/Retail to Mail/ and Day Supply](#_Toc205989335) * [Medications requiring Prior Authorization](#_Toc205989336) * [Non-Formulary Medications](#_Toc205989337) * [Medications with Quantity Limits](#_Toc205989338) * [Pharmacy Not In Network](#_Toc205989339) * [Specialty Medications](#_Toc205989340) | | |
| **7** | 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>. | | |
| **8** | 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. | | |
| **9** | * Close the call.   I appreciate you taking the time to speak with me today. I hope you have a great day!   * Click the **Close Case** button. * Do not add any manual documentation. Allow Cresta to document the call. * **Disposition the call with the following:**   + **Resolution Response:** Resolved   + **Primary Interaction Reason:** Account Maintenance   + **Primary Interaction Reason Detail:** Account Updates.   Refer to [Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b) as needed | | |

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| Identified Opportunities |

Refer to the table below:

[Demographic Capture and Communication Preferences](#_Toc205989321)

[Caremark.com](#_Toc205989322) [(Email on file but not registered for website)](#_Toc205989323)

[Automatic Refill/Renewal](#_Toc205989324)

[Maintenance Choice Medications/Retail to Mail/ and Day Supply](#_Toc205989325)

[Medications requiring Prior Authorization](#_Toc205989326)

[Non-Formulary Medications](#_Toc205989327)

[Medications with Quantity Limits](#_Toc205989328)

[Pharmacy Not In Network](#_Toc205989329)

[Specialty Medications](#_Toc205989330)

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| **If the opportunity is for…** | **Then…** | | | | | | | | |
| Demographic Capture and Communication Preferences | Complete the steps below: | | | | | | | | |
| **Step** | **Action** | | | | | | | |
| **1** | Verify address.  I want to ensure all communications and Mail Order prescriptions 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 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? | | | | | | | |
| **If…** | | | | | **Then…** | | |
| 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 [Compass - Obtaining an Email Address and Managing Messaging Platform (MP) Notifications (054195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=16d97031-aab3-4e30-b5d8-69ba322678d6). | | |
| 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. | | |
| **3** | Verify and update email address.   * If anything needs updated, make the necessary changes.   **Example:**  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 everything is correct, continue to educate on [messaging preferences (054195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=16d97031-aab3-4e30-b5d8-69ba322678d6). | | | | | | | |
| **If…** | | | | | **Then…** | | |
| No email is on file | | | | | Try to obtain one from the member.  I want to make sure the information on your account is up to date. What is your email address?  If email is obtained, continue to [email on file but not registered for website](#_Caremark.com). | | |
| Email is on file and not set up to receive notifications | | | | | Verify email and set up for email notifications.  The email address we have on file is <member’s email address>. Is this correct?  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 [Compass - Obtaining an Email Address and Managing Messaging Platform (MP) Notifications (054195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=16d97031-aab3-4e30-b5d8-69ba322678d6). | | |
| Email is on file and is set up to receive notifications | | | | | The email address we have on file is <member’s email address>. Is this correct  Keep in Mind, you are set up for email notifications. We will send your order status updates and refills reminders via email. | | |
| 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 [Compass - Caremark.com Quick Registration (057129)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0b9a88e0-b8ac-472a-925b-dfc9e016614a). | | | | | | | | |
| Automatic Refill/Renewal | Look for opportunities to present [Compass - Auto Refill Program (ARP) (056033)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f843bc3f-55cc-4223-b2fc-03aff60cdf4c). 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 [Compass - Auto Refill Program (ARP) (056033)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f843bc3f-55cc-4223-b2fc-03aff60cdf4c). | | | | | |
| 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 [Compass - Auto Refill Program (ARP) (056033)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f843bc3f-55cc-4223-b2fc-03aff60cdf4c), 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 Compass 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. | | |
| Maintenance Choice Medications/Retail to Mail/ and 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 Mail Order. Refer to [Compass - Prescription (Rx) Transfer (053932)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484). | | | | | | | | |
| **If the 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 (067652)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ef800a1-89a8-4c84-ae97-6f4c766b2542) 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 Mail Order pharmacy. Would that be okay? | | | |
| **If…** | | **Then…** | |
| Yes | | Explain [new Rx request (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706) process, then verify prescription and Doctor’s information. | |
| No | | Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) and determine if there is a Savings at 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 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 Mail Order pharmacy if you like?   * If still **no**, offer rebuttal then continue.   Ok. If you ever decide you want to switch your prescription to mail order, your Doctor can send a 90-day supply prescription electronically to our 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 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 | To have the prescription transferred and educate on the turnaround time. Refer to [Compass - Prescription (Rx) Transfer (053932)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484). |
| No | Member can continue filling at retail pharmacy. |
| No | | Ends process. | |
| 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 to Step 2. * If **no**, end process if member does not need prior authorization. | | | | | | |
| **2** | | Run [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) 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 (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). | | | | | | |
| **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 [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4).  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 prescriber confirms they do not participate in CoverMyMeds, confirm the fax number and send a Support Task.Refer to the following Work Instructions as needed:   * [Compass – Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) * [Compass – Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98) * [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ad65197-fe9e-4288-b5e3-23c771eff267)   c. Submit the PA request via task. Create the following task:   * **Task Type:**  Contact Provider for PA * **Prior Authorization Reasons:** Prior Authorization Required, Quantity Limit or Step Therapy. * **Complete all required and applicable fields** * Include in Task notes that “the prescriber does not participate with CMM.” | | | | |
| The phone number for doctor’s office to submit the request | | Validate PA 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 (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).   * Refer to [Compass - Viewing and Running Test Claims for Alternative Rx(s) (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). | | | | | | |
| **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 [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706). | | | | | | |
| 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 [Compass - Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025).  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. | | | | | | | | |
| 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.  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.  Refer to [Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c) as needed | | | | | | | | |

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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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