# **HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS**

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**Description****:** Describes the information that may be shared along with the actions that may be completed in our system for each caller type. Refer to CIF for client specific process. 

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| **Member or Legal Representative** |

* Review the CIF and refer to High Priority comments (known as Alerts in Compass) to any client specific exceptions.
* Review all appropriate systems for special instructions related to the account, such as the CIF, High Priority Comments (Alerts), Authorizations on file, restrictions or required passwords, etcetera.

 You may **only** discuss/assist with member/account specific information after the caller has been fully authenticated.

 When assisting multiple members in one call, for each new individual, or each new account being accessed, refer to the Universal Consultative Call Flow and Universal Caller Authentication and ensure you have fully authenticated the new individual and/or the new account before proceeding. Remember, **if at any point in the call the person you are speaking WITH or ABOUT changes, STOP and re-authenticate**.

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| **Caller Type** | **Actions that “MAY” be completed and/or information that “MAY” be shared include…** | **Actions that “May NOT” be completed or Information that “May NOT” be shared include…** |
| **Member**    **Note:** For interpreters, they will only interpret what the caller/we say. If the member is calling, ask the member if it is okay to speak about their personal and medication information with the interpreter on the line. | **Make Changes:**   * Update account information (address, phone, email, credit card, messaging platform alerts, etcetera)   Refer to:   * [PeopleSafe - Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471) * [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) * Hold/Cancel/Discontinue medications/orders. * Assist with Caremark.com * Send Stop Tote Request for Rx/Order. * Update any medications in the Auto Refill Program. ([PeopleSafe (022387](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de)) or [Compass (056033)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f843bc3f-55cc-4223-b2fc-03aff60cdf4c))    Only the member, the parent of a minor child, or a documented POA designee can request a Statement of Cost (SOC).      **Provide Information:**  Provide all details **except**the effective dates and/or the member ID/alternate ID for the member’s account that are relevant to the resolution of the call. This includes, but is not limited to:   * Only state the account is active/inactive. * Medication names even if they have trouble giving the full or correct information. * Benefit information such as plan design. This includes: * Copays, * Accumulators (Deductible, MOOP, MAB) * Validate Active Coverages or/if No amount paid towards accumulators.   If the member is calling with another person on the line (conference, speakerphone, etcetera), verify with the member that it is okay to proceed with sharing their personal health information with the other party on the phone.  Notate the member’s account with the name of the other person on the phone.   If the member asks about another adult member on the account,  **authenticate the adult member** and use the [Non-member/Third Party](#_Non-Member_or_Third-Party)caller types process. | Do not provide the effective dates and/or the member ID/Alternate ID\* for the member’s account.  You may confirm this information if the member first provides the information.    **\*Cannot**provide ID numbers to members, unless there are specific instructions in the CIF. There are a few clients that have instructions in the CIF. |
| **Legal Representative**    This includes caller types such as:   * [Power of Attorney (POA) (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1) or   [Compass – Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c)   * Legal Guardian * Legal Conservator | Review **appropriate systems**to ensure documentation is on file.    **Check** for Padlock () in Compass (CRM)/PeopleSafe and Privacy Information in:   * Maintain Patient Profile (Mail Order Profile in Compass). * Only the member, the parent of a minor child, or a documented POA designee can request a Statement of Cost (SOC). This does not apply to AOR. * The CIF for specific ages for minors. Some clients consider a child to be an adult (not a minor) at ages less than 18.     Once you have ensured appropriate documentation is on file and the caller is authorized, you may make changes/release information the same as you would to the member.     * Authorization paperwork on file is only applicable to a living member. If the member dies, we need paperwork on file that proves they are the Executor of the Estate. This is different than a POA or other legal designation of authority.   Refer to:   * [Mail Order Calls Regarding Deceased Members (010338)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c6cc8fe8-1f11-47c6-886b-b36639f716f1). * [Compass - Mail Order Calls Regarding Deceased Members (064870)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=84208228-6cf3-46fd-ae5a-14624e9f04c0) | **Cannot**provide ID numbers to legal representatives, unless there are specific instructions in the CIF. There are a few clients that have instructions in the CIF.   Do not change the address on the entire account. Only change the address for the member in question. |
| **Authorized Representative (AOR)**  **MED D Specific** | Review **appropriate systems**to ensure documentation is on the member’s profile.    For Authorized Representative’s (AORs), **verify the information that can be released** before proceeding.  Refer to:   * [MED D - Appointed Representative Form (AOR) or Power of Attorney (021424)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718). * [Compass MED D – Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)       **Medicare D**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) | Do not provide any action or information not outlined in the AOR form. The AOR is **not** valid for anything other than appeals, grievances, or coverage determination.  Refer to:   * [MED D - Appointed Representative Form (AOR) or Power of Attorney (021424).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718) * [Compass MED D – Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)   **Medicare D**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) |

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| **Non-Member or Third-Party Caller Reminders** |



* If a call is receivedfrom an **automated or AI call system**, do **not** service the call. Refer to [Incoming Artificial Intelligence (AI) Calls to Customer Care (Automated or Computer Calls) (059690)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bb0302e9-28d0-4455-b6eb-26c603fbaa3c).
* All Third parties must **first** validate the member/account specific information in question that we have in our system. You may confirm this information once the caller has validated it. Do not proactively provide information that was not requested.
* 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**.

**Reminders:**

* If a member is **incapacitated**, and a caller is not a legal representative, refer to:
* [Power of Attorney (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1)
* [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c)

* [MED D - Appointed Representative Form (AOR) or Power of Attorney (021424)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718" \t "_blank)
* [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)

* **Review the CIF and refer to High Priority comments (known as Alerts in Compass) to any client specific exceptions.**
* If a caller asks about becoming an authorized agent, refer to:
* [PeopleSafe - Forms Members Can Submit to Authorize Access and Release of Information for Their Account  (007394).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65)
* [Compass – Forms Members Can Submit to Authorize Access and Release of Information for Their Account (053891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91b652db-c5b2-4769-b300-e1e2c95ec009).

* **Review all appropriate systems for special instructions related to the account, such as the CIF, High Priority Comments (Alerts in Compass), Authorizations on file, restrictions or required passwords, etcetera.**

 If details are not mentioned in the “You May release” section, consider it to mean “You may not release.”

**Note:**  You may release information if it can be found in the CIF (general benefit information) unless it states otherwise or would provide member specific information.

**Interpreters:** They only interpret what the caller/we say. If a third party is calling, release information/make changes based on the third-party caller using the interpreter service.

* Refer to the following table for **actions that may/may not be completed** forThird-Party Callers.
* If there is an exception/difference for a specific type of Third-Party Caller, refer to that specific caller type below. If details are not mentioned in the “You may” section, consider it to mean “You may not.”

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| **Actions that “May” or “May Not” be Completed for Third Party Callers** |

Refer to as needed:

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| **Actions that “May” be completed for Third Party Callers** | **Actions that “May Not” be completed for Third Party Callers** |
| For all third-party calls, the caller must first have given you the Rx name/number without prompting before you may assist with that drug/device.     * Place orders. * Assist with starting a Prior Authorization (PA), Exception or IBR   **Note:** Prior Authorization for MED D is known as a Coverage Determination and has different requirements.  Refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals) (064997)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff).   * Send new prescription requests. * Request transfer of prescription (mail to retail/retail to mail) * Provide status updates. * Update the Auto Refill Program medications (not change account information, such as payment method/address, etcetera.) * Send a Quick Registration link to Caremark.com to the default email or via text to the default phone number on file. * Set up Messaging Platform Alerts (but do not change the account details on file). * Add a one-time payment for existing balances only but cannot be set as the default payment method. * Edit the expiration date for an existing credit card. * Request replacement ID card if it is sent to primary address on file. (Validate in CIF to determine who handles ID Card requests.) * Update expiration date on a card that is currently on file for the member if the caller can provide the last 4 (four) digits of the card number. * Use default payment method on file if not marked “Exclusive.” They must tell you the card information, “Visa ending in 1234” or “use the default card.” * Provide Ship Consent (Med D) If the caller verifies the Rx # or Rx name. Refer to [Compass MED D - Expressed Consent (Ship Consent) (061810)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5d5d1eb-261c-4b79-a4b8-23605297f262)   **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) | **No changes to the account can be made by the caller**.  **Examples** of account-level changes include the changing vital details on an account:   * Phone number. * Address (includes temporary address) * Adding Coordination of Benefits * Email address. * Assist with Caremark.com * Add a permanent (default) payment method. * Remove existing payment methods. * Add or remove manufacturer copay assistance cards. * Assist with any medication the caller did not first tell you the name/Rx number. * Place a Hold, Cancel, Discontinue an order (Prescription (Rx)). * Request Plan Benefit Override (PBO).   **Exceptions:**   * PBO may be entered for Third Party Caller if the CIF specifically allows. * PBO may be entered at the request of verified pharmacy staff. * Send Stop Tote requests. * Add or remove alerts. * Statement of Cost   **Note:**  Only the member, the parent of a minor child, or a documented POA designee can request a Statement of Cost (SOC).   * Opt out of Maintenance Choice.   **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific)   * Request Coverage Determination.   **Exception:**  Refer to [Providers](#_Providers_(Non-Member_or)section. |

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| **Information that “May” or “May Not” be Shared with Third Party Callers** |

Refer to as needed:

* If there is an exception/difference for a specific type of Third-Party Caller, refer to that specific caller type below.
* If details are not mentioned in the “You may” section, consider it to mean “You cannot.”

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| **Information that “May” be shared with Third Party Callers** | **Information that “May Not” be shared with Third Party Callers** |
| For all third-party calls, the caller must first have given you the Rx name or number without prompting before you may share information about that drug/device.  This includes:   * Prior Authorizations (PAs), * Exceptions, * Initial Benefit Review (IBRs), etcetera.   **Note:**  You may provide the PA ID number and effective dates **only** if requested.     * Low Income Subsidy we can provide a Yes or No answer if the member is covered. * Educate on general plan options, such as self-service options for the member on Caremark.com, MCHOICE, Automatic Refill Program (APR), etcetera. * Provide general benefit information.   **Examples:**   * Copay for a paid claim.   Basic co-pay schedule Refer to:   * + - [PeopleSafe - Plan Summary Screen Field Descriptions (Accumulations, Override and Specialty (040585)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb)     - [Compass - Introduction to the Benefits Tab (050035)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee04522b-cf4f-4507-ba80-f17d09422936) * Pharmacy network * Accumulator limits (Deductible, MOOP, MAB) and if it has been met/not met but not their actual accumulations. * General processing information (BIN, PCN, and Group #) * Prior authorization approval/denial including effective and expiration dates. * Accepted Test Claim results.   (This is typically, information listed in the CIF that is about the plan, but not the member. **Do not** share information listed as internal only or that is specific to the member.)   * Copay information on accepted test claims where they have given you the Rx name or Rx number.   **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) | **Do not** share any information for medications or prescription if the caller has not first given you the Rx name or Rx number for the specific member they are calling about and have fully authenticated.  This includes:   * Coordination of Benefits, * Prior Authorizations (PAs), * Exceptions, * Initial Benefit Review (IBRs), * Dispense as Written (DAW) codes. * Brand or generic, etcetera. * Specific benefit information, such as specific costs the member paid. * Copay/cost information on denied test claims. * Any personal information not first verified by the caller including and not limited to:  Medication names, phone numbers, address, email addresses, and payment information. (Not applicable to minor members) * Low Income Subsidy details cannot be shared. Only provide a Yes or No answer if the member is covered. * Premium details cannot be shared. * The effective/term dates. Can only state if the account is active or not active even if the caller provides the dates. * Member ID /Alternate ID Number. **Note:** Confirm the ID number only after provided to you. * The name of the client, though you can confirm if they give you the information first. * Detailed accumulator information cannot be released to pharmacy, spouse, or authorized party (not authorized representative) etcetera. You may not provide the amount that has to go toward any accumulation. * Stage of coverage (deductible, gap, etcetera.) * Transaction History details * Outstanding balance and/or credit on account     **Deceased member**   Refer to:   * [Mail Order Calls Regarding Deceased Members (010338)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c6cc8fe8-1f11-47c6-886b-b36639f716f1). * [Compass - Mail Order Calls Regarding Deceased Members (064870)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=84208228-6cf3-46fd-ae5a-14624e9f04c0)   **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) |

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| **Non-Member or Third-Party Caller Types** |

Select the hyperlink appropriate to your caller type to review:

* [Calling on behalf of an Adult Member (18 Years of Age or Older)](#_Calling_on_behalf_1)
* [Calling on Behalf of a Minor Member (Under the Age of 18 Years Old)](#_Calling_on_Behalf)
* [Retail or Other Pharmacies or Third-Party Insurance PBM Vendors](#_Retail_or_Other)
* [Providers](#_Providers_(Non-Member_or)
* [Hospital or Emergency Medical Personnel](#_Hospital_or_Emergency)
* [Client and Plan Representatives](#_Client_and_Plan)
* [Government](#_Government__(Non-Member)

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| **Calling on behalf of an Adult Member (18 years of age or Older) (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| This includes the following caller types:   * Spouse or partner. * Parent/child of adult member * Friend or neighbor or family member not on account * Nursing Home or Hospice and so forth * Any other caller types that are **not** listed in this document. * If you are unsure, refer to your supervisor. | No specific exceptions/differences, refer to:  [Actions that “may” be completed for Third Party Callers](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers](#_Information_that_\“May\”)    **SHIP Counselor:**  **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) | There are no specific exceptions/differences, refer to:  [Actions that “may not” be completed for Third Party Callers](#_Actions_that_\“May\”)  **AND**  [Information that “may not” be shared with Third Party callers.](#_Information_that_\“May\”) |

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| **Calling on Behalf of a Minor Member (Under the Age of 18 Years Old) (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| **Note:**  Some clients consider a child to be an adult at ages less than 18. Refer to the CIF.    This includes the following caller types:  **Parent**(custodial, cardholder, non-custodial or \*non-cardholder)    **Legal Guardian** (with paperwork on file)  **Foster Care:**   Review CIF for any additional authenticators for minors in Foster Care. | Minors under the age of 18: Refer to the account and the CIF for restrictions. **First** determine if there are account restrictions and/or restrictions on actions allowed/or releasing medications names. Review High Priority Comments (known as Alerts in Compass) and Privacy Information.   * Provide medication names.   **Exception:**  Refer to You May not column Exception Medication names, if a child is 12 years or older.   * Hold/Cancel/Discontinue medications/orders. * Assist with Caremark.com * Send Stop Tote Request for Rx/Order. * Request SOC (Statement of Cost) * Request PBO (Plan Benefit Override) * Add an Opt Out for Maintenance Choice     The following can be provided to a **cardholder** parent:  Phone numbers, address, email addresses, and payment information.    Parents or Legal Guardians of a minor child may make any account level changes.  **Examples:**  Address, phone, email, credit card, messaging platform alerts, etcetera.    **Note:**Do not take action/release information if there is a restriction on the account. Confirm privacy information on file.  **Examples:**   * Minor has requested privacy, which is on file. * Emancipated minor.    **Effective January 1, 2023**  The mandate ONLY applies if the member has a Fully Insured Commercial or Exchange Plan. **California Residents Only:**  Member utilizers 12 years and older are protected individuals in the state of California (CA). DO not disclose any information related to sensitive health care services provided for these members to the policy holder, primary subscriber, or other plan enrollees without express written authorization from the protected individual receiving care. In the state of California (CA), any member 12 years or older must give permission in writing to release any information concerning their health care services to other individuals including: All mental health or behavioral health conditions and treatments Gender affirming care Sexual and reproductive health including pregnancy, prenatal care, family planning (birth control), abortion Intimate partner violence or abuse Substance use disorder including drug and/or alcohol treatment, chemical dependency Sexually transmitted infections, testing and/or treatment    **Medicaid and Medicare:**   * The minor child must give permission **first**to release the information below: * Mental health for sexual or physical abuse * Drug and alcohol treatment/chemical dependency * Testing and treatment for sexually transmitted diseases including: * AIDS/HIV * Pregnancy and prenatal care * Abortion * Family Planning (birth control)     \*Refer to [Custodial Parent Non-Cardholder Question and Answers](#_Custodial_Parent_)in this document.  **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific)    Otherwise refer to:  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”) | The following can only be verified but not provided to a **non-cardholder** parent:  Phone numbers, address, email addresses, and payment information.    **Exception:  Medication Names:  If a child is 12 years or older:**Do not release the names of STD, Birth Control, or anti-psychotic medications if the child has instructed us to keep this information private.      Refer to [Custodial Parent Non-Cardholder Question and Answers](#_Custodial_Parent_) in this document.    Otherwise refer to:  [Actions that “may not” be completed for Third Party Callers](#_Actions_that_\“May\”)  **AND**  [Information that “may not” be shared with Third Party Callers](#_Information_that_\“May\”) |

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| **Retail or Other Pharmacies or Third-Party Insurance PBM Vendors (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| **Examples:**   * Express Scripts * Highmark * Optum Rx, etcetera | If the pharmacy is requesting an Alternate ID or Member ID,  Refer to:   * [PeopleSafe - Pharmacy Requesting a Member ID (101031)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=4619bc03-55c8-4a3c-944a-cd81675d40a8" \t "_blank) * [Compass – Pharmacy Requesting Member ID (060419)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fbcb5b8b-3e1e-40d9-8b05-33e034b54bf8)   Pharmacies may request PBO on behalf of the member.  Otherwise refer to:  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”) | Refer to:  [Actions that “may not” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may not” be shared with Third Party Callers](#_Information_that_\“May\”) |

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| **Providers (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| This may include the following caller types:  **Any caller from the doctor's office/prescriber’s office**    **Benefit Verification Specialist/Insurance Specialist**    **Concierge services**  **Examples:** (May include but are not limited to):   * Accolade * Health Plan * Alliant * Aetna Concierge * Quantum * RxBenefits or RxSolutions.     **Copay Assistance Program Employee** | Providers may hold/cancel/discontinue prescriptions that they requested which includes Stop Totes. They may not request a hold to be placed on prescriptions requested by a different provider.  Prescriber/Provider office can begin a CD&A for Med D members.  Otherwise refer to:  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”) | Refer to:  [Actions that “may not” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may not” be shared with Third Party Callers](#_Information_that_\“May\”) |

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| **Hospital or Emergency Medical Personnel (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| **R****equesting release of HIPAA information due to member’s medical emergency.**   **Note:** If there is no emergent need to release HIPAA information, refer to [Providers.](#_Providers_(Non-Member_or) | Warm Transferthe call to Clinical Care during operating hours or after hoursto theSenior Team.  Refer to:   * [PeopleSafe - When to Transfer Calls to Clinical Care (024833) (Option 2)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8)   or   * [Compass When to Transfer Calls to Clinical Care (062778) (Option 2)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f)   Refer to the appropriate document for When to Transfer to the Senior Team for your line of business.  **Note:**  The **Senior Team or Clinical** may make the decision to decrease the authentication qualifiers and determine what information to release in the event of a medical emergency. | Make any decision on HIPAA information to share/release outside of what is allow under [Providers.](#_Providers_(Non-Member_or) |

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| **Client and Plan Representatives (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| This includes the following caller types:   * Broker’s Office (MED D) * Benefits Office * Account Manager * Medical * Health Plan Representative     If CVS Aetna representative refer to [Internal Caller](#_CVS_Health_(Internal). | Refer to [MED D (Medicare D) Specific Information](#_Medicare_D_Specific) related to SSI PDP – Broker Support.  Otherwise, refer to:  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”) | Do not proactively provide claim or benefits information or Member ID /Alternate ID.  **Exception:** Certain EGWP clients, refer to the CIF.  Otherwise refer to:  [Actions that “may not” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may not” be shared with Third Party Callers](#_Information_that_\“May\”) |

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| **Government (Non-Member or Third-Party Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| This includes the following caller types:   * Department of Veterans Affairs (VA) * Medicaid * Department of Defense (DOD) * Other state or federal agencies excluding Prisons or law enforcement officials. * State Board of Pharmacy | **Commercial Medicaid:**Transfer the call to the appropriate Medicaid Team.   * Veterans Affairs or Department of Defense calls should be routed to **1-866-257-4879**. * Medicaid calls should be routed to **1-800-303-0187.**     **Note:**  The Medicaid Team may release the effective and termination dates for a member to the government agency, whether or not there is a claim to reconcile. This does not include Health Plans that support Medicaid plans. For Health plans, refer to the Client and Plan Representatives section.      **Note:**Health Management Systems (HMS) is a private company who is delegated as an agent of the government by 43 states. HMS is entitled to the same rights and privileges of any of the state Medicaid agencies they represent. HMS is responsible for checking eligibility, claim status and research questions from their clients, the state agencies.    **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) | Do **not** provide any information if you are not trained to handle these calls.    Yes, I can, help you…  Get the caller to the dedicated team for assistance.      **Medicare D –**refer to [MED D (Medicare D) Specific Information.](#_Medicare_D_Specific) |

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| **CVS Health (Internal Caller)** |

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| **Examples:**   * Aetna Caller (Aetna 1 Advocate – A1A, Aetna Advocate Aetna Care representative, etcetera.) * CVS caller (including Caremark, CVS Specialty, CVS Pharmacy) * eCare * Service Advocate Team (ISM) * OmniCare   **Note:** Includesany caller calling from a CVS Health company/brand.  **Reminder:** If the CVS Health caller will be conferencing / transferring another party on the line, ensure you follow all HIPAA guidance for that caller type. | Release only the minimum necessary information the caller is requesting for the member.    **Note:** You may release the effective and termination dates if needed. | May not release information not specifically mentioned by the caller for the member. |

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| **Outbound Calls** |

To be used when the CCR is making or returning a call to the member or provider (Pharmacy or Prescriber). Refer to [Inbound or Outbound Call Quality Recording Disclaimer (024665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dee979fb-f11b-40de-9201-611f8095e3a8) for the full process.

Refer to as needed:

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| **Caller Details** | **Action and Information that “May” be completed/shared include…** | **Actions and Information that “May Not” be completed/shared include…** |
| [Member](#Member)  or  [Calling on behalf of another member](#_Calling_on_behalf_1) | Minors under the age of 18: Refer to the account and the CIF for restrictions.  Release only the minimum necessary information to the caller to complete the request.  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”)    Outbound calls have the same limitations on what you may/may not do/release as inbound calls. | Icon - Important Information PHI/PII **cannot** be left on voice mail. You can state the first name of the member then leave a number for the member to call back as appropriate.    You may not release information not specifically mentioned for the member.    If neither the member nor the person who made the request on behalf of the member is available, you**may not share any information.** |
| [Pharmacy or Prescriber’s Office](#_Providers_(Non-Member_or) | Release information that is necessary for the pharmacist or prescriber’s office to resolve the  member’s or beneficiary’s need.  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”)  Icon_-_Important_Information Verify, the correct member has been located before proactively providing member information.    Outbound calls have the same limitations on what you may/may not do/release as inbound calls. | Icon - Important Information PHI/PPI **cannot** be left on voice mail.    Do not proactively provide information that is not being requested **during the call**. Do not release information is unnecessary for the pharmacist or prescriber’s office to resolve the member’s or beneficiary’s need. |
| **External transfers (transferring a caller to an external organization)**  Includes, but is not limited to:   * [Benefit’s Offices](#_Providers_(Non-Member_or) * [Government offices](#_Government__(Non-Member) (such as Medicare)     Refer to the CIF for any additional details. | Warm Transfer to the external Third Party (unless otherwise directed).  [Actions that “may” be completed for Third Party Callers.](#_Actions_that_\“May\”)  **AND**  [Information that “may” be shared with Third Party Callers.](#_Information_that_\“May\”) | Do not share HIPAA information (except the name of the caller you are transferring) with external parties. The caller should re-authenticate with the other organization, if necessary, based on the external organization’s policies.    **Exception:**  If you are speaking with the member directly, or the POA, **and**they give you permission, you may proactively release the member’s PHI/PII.     Jon, thank you for your patience. I am absolutely going to get you to the right place. To make sure they understand what we need and are ready to help you, can I share your personal and medical information with them? |

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| **Medicare D Specific Information** |

Refer to as needed:

**Broker Support:**  [MED D – SSI PDP – Broker Support for Agents (043418)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2bf4ad56-c2b0-4a53-9530-8509a5769a63).

**Calling on behalf of a minor member:**

* **Medicare:**The minor child must give permission **first**to release the information below:
* Mental health for sexual or physical abuse
* Drug and alcohol treatment/chemical dependency
* Testing and treatment for sexually transmitted diseases including:
* AIDS/HIV
* Pregnancy and prenatal care
* Abortion
* Family Planning (birth control

**Deceased members:**

**Refer to:**

* [Compass MED D - Deceased Beneficiary (065228)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03532634-0441-4503-8b66-d19f9eec0c32)
* [MED D - Deceased Beneficiary (044879)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1c7a95aa-d870-4b4a-9045-5c96dfe6aece)
* **Government:**Determine if the caller is trying to reconcile a claim.

* **If yes,** Transfer the call to the appropriate Medicare Team:
* Veterans Affairs or Department of Defense calls should be routed to **1-866-257-4879**.
* Medicaid calls should be routed to **1-800-303-0187.**
* **If no**and there is no claim to be reconciled, you **may not**provide effective and term dates.

You **may** inform the caller only that the coverage has been termed and refer the caller to the plan administrator for additional information.

* For Medicare D, refer to [FEP Retail – Med D Lite (024493)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aab8e4ad-a482-4344-b7eb-1cfaebdb06e7).
* For Medicare B, refer to FEP Retail – Medicare B.

 CMS Test calls may not provide member information; however, you can and should assist. When asked if you can assist, always answer  Yes, I can.

**SHIP Counselor:**[MED D - SHIP Counselor Calls for CVS Caremark Part D Plans (029788)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f853166-b8d0-477c-8fae-9d6ab8ea98f1) or [Compass MED D - SHIP Counselor Calls For CVS Caremark Part D Plans (061877)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5507bbf1-230b-45ae-bf6b-923dcd16b4cf)

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| **Custodial Parent (Non-Cardholder Caller) Questions** |

Refer to as needed:

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| **Question/Statement** | **Answer/Resolution** |
| **Divorced or legally separated parent that is not listed on file but needs the dependent’s information. Is the Extended Release or Power of Attorney form required?** | Neither are required. We can accept the caller’s word they are the parent unless there are notes in the system stating otherwise. We can share the information needed after they fully authenticate the dependent’s information.    Review High Priority Notes for any special circumstances. |
| **Can a non-cardholder, custodial parent, change the address on an order?** | Yes, but only if you have fully authenticated the call, the member is a minor and the caller identifies themselves as the custodial parent. We can accept the caller’s word they are the parent and the address for that order can be changed.  Verify the address with every order.   Do not change the permanent address on the file.   Do not change the address on the entire account. Only change the address for the order in question.    **Note:**  RxClaim only allows the order to be shipped to the address of an adult on the plan.  **Example:** Cardholder or spouse. |
| **How should I handle requests to add notes to the account about restrictions due to custody, divorce, or any other civil matter?** | The requestor needs to send a written request with appropriate supporting documentation to the Correspondence Team at:    Commercial Accounts  CVS Caremark  Customer Care  PO Box 6590  Lee’s Summit, MO  64064-6590 |

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| **Related Documents** |

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

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

[Universal Care - Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd)

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