**Aetna MED D - SilverScript Premium Billing Specialized Team - Call Flow Process**

**Audience:** SilverScript Premium Billing Specialized Team **ONLY**.

**Description:** How to handle an incoming call.

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| Process |

Complete the steps below:

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| **Step** | **Action** | | | |
| **1** | **ALWAYS respond with a positive statement of acknowledgement, when appropriate:**   * Sometimes the caller will ask a question before authentication is complete. Respond positively and acknowledge that you can resolve their concern today. Demonstrate caring and empathy.   + Yes, I can help.   + Yes, I would be happy to assist. * Use a positive transitional statement to direct the call.   + To better do that please provide me…   + In order to further assist, please provide me with…   **Note:** Even if you think you will be unable to handle the call or will need to transfer the call, always respond with a positive statement. This statement will reassure the caller that we can help even if the call will be transferred.  Replace negative statements with positive statements such as: | | | |
| **Negative Statements Examples** | | | **Positive Statements Examples** |
| Yes, however I need your… | | | Yes, I can help you. To better do that please provide me with… |
| Yes, however I need to transfer you… | | | Yes, I can help you. In order to further assist, please provide me with… |
| Yes, but I need to open your account first… | | | Yes, I can help you. To better do that please provide me with… |
| Yes, but we do not handle those calls… | | | Yes, I can help you. In order to further assist, please provide me with… |
| **2** | **Be prepared to speak to the beneficiary/member when you accept the incoming call:**   * Have **theSource** and **PeopleSafe** open and ready to use. * Have the **electronic notepad** **up** and available. * Be **confident and sound happy**. * Be aware of the beneficiary’s/member’s needs and their tone of voice at the beginning of the call.   + Adjust your call flow and language based on their needs.   Icon - Important Information Pen and paper are **NOT** needed for PHI. | | | |
| **3** | Icon - Important Information **Fully authenticate each caller**, refer to [Universal Care - Caller Authentication (004568)](file:///C:\Users\c506343\Downloads\CMS-2-004568) for the complete process.  Thank you for calling Premium Billing. My name is <your name>. May I have the beneficiary’s Member Id # **OR** MBI #?  **PB Specialized Team Note:** You must verify the First and Last Name to ensure you are in the right account. (If the beneficiary/member does not know their Member ID # OR MBI #, then authenticate with the First Name, Last Name, and Date of Birth).  **Notes:**   * If the caller responds by asking a question, refer to [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). Remember you can receive a CMS Test Call at any time. * General benefit questions **that do NOT pertain to a specific beneficiary** can be answered without authenticating the call. CMS Test calls may not provide beneficiary information; however, you can and should assist.   Are you calling for yourself today?  Refer to Universal Care - Caller Authentication (004568) and [HIPAA Authentication Grid](file:///C:\Users\c506343\Downloads\CMS-2-028920) (028920).   * If beneficiary/member is calling with another person on the line:  Do you give consent to discuss your personal information? * If a third party and the beneficiary/member is over 18 years old:  Is the beneficiary/member aware you are calling today?   What is your Date of Birth and Zip Code?   * If a third party is calling:  What is the beneficiary's/member's Date of Birth and Zip Code?   **PB Specialized Team Note:** Do not request the Date of Birth againif it was verified in place of the Member ID # **OR** MBI # in **A**.  Icon - Important Information You should never tell the beneficiary/member to call back if you can not find them in PeopleSafe. Research PeopleSafe and then escalate to your Premium Billing Supervisor if the beneficiary/member can not be found. | | | |
| Greeting/Authentication based on the following scenario (Modified based on dedicated team):    **Notes:**   * General benefit questions **that do NOT pertain to a specific beneficiary** can be answered without authenticating the call. CMS Test calls may not provide beneficiary information; however, you can and should assist. * Refer to [MED D - SilverScript CMS Test Questions (058656)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=975d3432-596c-475f-88dd-254ff8c852b0" \t "_blank). * Review all High Priority Messages and CIF for updated information. * Respond and acknowledge that you can resolve their concern today. Demonstrate caring and empathy.   **Example:** I’ll be glad to assist you with questions about your premium invoice today.   * If the caller is the not the beneficiary/member and identifies as a relation to the beneficiary/member, it is acceptable to use that relationship terminology in substitution of beneficiary/member throughout the call.   **Example:** Mother, father, husband, wife, son, daughter, etc.    Use professional language. Do **not** use terms such as Hun, Baby, Sweetie. Address the caller by their **first name** unless the caller requests otherwise. | | | |
| **If the call is…** | **Use the following greeting…** | | |
| CTI/IVR Authenticated | Thank you for calling Premium Billing. My name is <your name>. Who am I speaking with today?    **Note:** If the caller responds by asking a question, refer to [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). Remember you can receive a CMS Test Call at any time. | | |
| **If the callers name…** | **Then ask…** | |
| **Matches** the account | **Note:** When caller offers the reason for their call, and the CTI/IVR system has fully authenticated them, confirm with the caller that you understand their concern and can help. In the CTI pop-up, the “Caller Intent” field may also share the reason for their call. Refer to [PeopleSafe and CTI (IVR) Phone System Log In, CTI Authentication and Troubleshooting (075981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59b2b856-ee29-4eeb-a801-83911c01bb47).  Thank you <first name of beneficiary>. How can I help you with your <letter, premium, etc.>? | |
| **Does NOT** match the account | What is the beneficiary’s name that you are calling about?   Is the beneficiary aware you are calling for them today?    **CCR:** When caller offers the reason for their call and the CTI/IVR has fully authenticated the beneficiary they are calling about, confirm with the caller that you understand their concern and can help after they positively respond the beneficiary **is aware,** they are calling.     Thank you, <first name of caller>, how can I help you with that <letter, premium, etc.>?  **OR**   Thank you, which medication are you calling about?   Thank you very much…     A CTI/IVR authenticated call does not have to be re-authenticated for third party callers. Refer to Universal Care - Caller Authentication (004568) and [HIPAA Authentication Grid](file:///C:\Users\c506343\Downloads\CMS-2-028920) (028920), Third Party section for additional authenticators to request.   If partially authenticated, handle the call as a non-IVR authenticatedcall and fully authenticate before proceeding. | |
| Not CTI/IVR Authenticated  Or  Partially Authenticated | Icon - Important Information **Fully authenticate each caller**, refer to Universal Care - Caller Authentication (004568) for the complete process.  Thank you for calling Premium Billing. My name is <your name>. May I have the beneficiary’s Member Id # **OR** MBI #?  **PB Specialized Team Note:** You must verify the First and Last Name to ensure you are in the right account. (If the beneficiary/member does not know their Member ID # OR MBI #, then authenticate with the First Name, Last Name, and Date of Birth).  **Notes:**   * If the caller responds by asking a question, refer to [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). Remember you can receive a CMS Test Call at any time. * General benefit questions **that do NOT pertain to a specific beneficiary** can be answered without authenticating the call. CMS Test calls may not provide beneficiary information; however, you can and should assist.   Are you calling for yourself today?  Refer to Universal Care - Caller Authentication (004568) and [HIPAA Authentication Grid](file:///C:\Users\c506343\Downloads\CMS-2-028920) (028920).   * If beneficiary/member is calling with another person on the line:  Do you give consent to discuss your personal information? * If a third party:  Is the beneficiary/member aware you are calling today?   What is your Date of Birth and Zip Code?   * If a third party is calling:  What is the beneficiary's/member's Date of Birth and Zip Code?   **PB Specialized Team Note:** Do not request the Date of Birth againif it was verified in place of the Member ID # **OR** MBI # in **A**.  Icon - Important Information You should never tell the beneficiary/member to call back if you can not find them in PeopleSafe. Research PeopleSafe and then escalate to your Premium Billing Supervisor if the beneficiary/member can not be found. | | |
| **4** | **Be Famous For Service as follows:**   * Determine the reason for the call.   + Always listen to the beneficiary/member for the reason they are calling.   + Research PeopleSafe to assist the beneficiary/member by accessing the PeopleSafe Tabs below:     - Med D Inquiry Tab / Premium History Tab / Participant Inquiry Tab (read prior notes in the **View Comments Tab**).     - View Premium Billing letters located in ONEclick, refer to [MED D - Viewing Correspondence and Requesting Reprints in PeopleSafe (003379)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79). (**Examples:** Dunning, Invoices, RCD, SSA/RRB Letters). * Ask the beneficiary/member questions to ensure you are understanding the reason for the call.   + Repeat the request to the beneficiary/member for clarity and understanding. * Let the beneficiary/member know that you can resolve their concern today.   **Example 1:**   I’ll be glad to process your payment for you and answer any other questions you may have.  **Example 2:**  I can see why you’re concerned about the letter you received.  According to your account you must pay $xx.xx by the date that is located on the most current Dunning letter.   * **If needed,** submit an RM TASK using the correct Work Instruction located in theSource (Examples of Premium Billing related Work Instructions: Dunning, Good Cause, SSA/RRB, Payment Plan, and/or Check research).   + If submitting the RM Task, let the beneficiary/member know the following:     - You sent their request to the Internal Premium Billing Team for further research.     - The Internal Premium Billing Team will research their account.     - They may receive a letter in the mail and/or they can call back to find out the outcome of their request. Refer to the appropriate Premium Billing Work Instruction for RM Task TATs.   + If the beneficiary/member calls back **after** the RM Task was submitted:     - First research the Participant Inquiry Tab **View Comment Tab** to verify if notes were left in the beneficiary’s/member’s account from the internal Premium Billing Department.     - You can let the beneficiary/member know what the internal Premium Billing team found when they researched the request.     - Always ask if the beneficiary/member has any questions on the results.   **Reminders:**   * Demonstrate your ability to answer questions by showing **enthusiasm** and confidence throughout the call. * Be aware of the caller’s needs and adjust your call flow, language, pace, and tone to match the caller’s.   If beneficiary’s pace is frantic, and/or tone/language is unprofessional, remain calm supportive, and professional. | | | |
| **5** | **Close the beneficiary/member experience:**   * Always recap the call. * **Verify the current address and the FULL phone number**. * Is there anything else I may assist you with today?   **Beneficiary Response:**   * **No:**  Great, you may receive an email survey in the next couple of days regarding our call today. Have a great day and thank you for calling Premium Billing.   + **Note:** The beneficiary may opt out of the survey through a link within the e-mail invite.      * **Yes:**   + CCR **can** resolve the situation – complete the additional research needed. After educating the beneficiary, confirm all questions and concerns were addressed. Advise the beneficiary they may receive an email survey.   + CCR **does not** know how to explain the situation:     - Complete the additional research needed.   **PB Specialized Team Note:** If unable to assist the beneficiary with their concerns, escalate to a **Premium Billing Supervisor** at your site for help. Do NOT submit an email to [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com). Escalated emails should be submitted by supervisors only.  **Premium Billing Supervisor Note:** When possible, Premium Billing supervisors should take over escalated calls or call back a beneficiary immediately. If this is not possible, beneficiaries should be called back by a Premium Billing supervisor at the site within 24 hours. If additional assistance is needed after the Premium Billing Supervisor has contacted the beneficiary, submit an Escalated secure Email to [PBSpecializedCare@CVSHealth.com](mailto:PBSpecializedCare@CVSHealth.com), including the beneficiary’s name, Member ID #, MBI #, and a summary of the issue for research. | | | |

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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)

**Parent Documents:** [CALL 0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011) and [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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