# Universal Care - Caller Authentication

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**Description:** This document explains how to take reasonable steps to verify a person’s identity before disclosing PHI. It outlines guidance from the Privacy Office and provides the talk tracks and procedures when making outbound calls from Customer Care.

**Target Audience:**All Customer Care Representatives

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| Important Reminders |

* Customer Care Representatives should only collect, use, and disclose the minimum amount of Protected Health Information (PHI) necessary to perform permitted functions set forth in the privacy policies.
* General benefit questions that do **not** pertain to a specific member can be answered without authenticating the call.
* When assisting multiple beneficiaries in one call, for each new individual, or each new account being accessed, refer back to the HIPAA grid and ensure you have fully authenticated the new individual and/or the new account before proceeding.
  + If you are speaking to a 3rd party, and the beneficiary comes on the line, remember to STOP and fully authenticate the beneficiary, ensuring they give permission for their information to be shared with anyone else on the call, then proceed.
  + As a general rule, if at any point in the call the person you are speaking “WITH” or “ABOUT” changes, STOP and re-authenticate.
  + If all 4 authenticators cannot be obtained, STOP the call and ask the caller to have the member call us or the member to obtain the additional authenticators.
  + All interactions must be fully authenticated, even if no PHI was released. You cannot proceed with the call.

**Exception:** Future beneficiaries (with no account in the system), CMS Test Calls, and Open Enrollment Calls do not require authentication.

* If the caller responds by asking a question, acknowledge the question with a positive response (such as “Yes I can help”) and then return to authentication process with a positive transitional statement.

**Examples:**

* **Beneficiary:**   Can you help me with…
* **CCR:**  Yes, I can help you. To better assist you please provide me…
* Check all appropriate systems for special instructions related to the account, such as authorizations, restrictions or required passwords.
* In the event of more than one person on the line, **always** initiate authentication with the caller.
* Always review the CIF and refer to High Priority comments to any client specific exceptions.

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| Process |

Follow the steps below to answer a call and authenticate a beneficiary:

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| **Step** | **Action** | | |
| **1** | Determine how the call comes in:  **Notes:**   * Future beneficiaries (with no account in the system) and CMS Test calls do not require the calls to be authenticated. * You can release general benefit information, such as plan design that is available at the time of the call, if any, that is included in the CIF. * **Open Enrollment –** If no eligibility information is available, authentication is not required. General benefit questions that do not pertain to a specific beneficiary can be answered without authenticating the call.   For future Medicare beneficiaries:   * For individual beneficiaries, visit Medicare.gov or contact your local Social Security office. * For EGWP beneficiaries, advise to call employer.   **CMS Test calls** may not provide beneficiary information; however, you should respond with:  **Yes, I can** when asked if you can assist. | | |
| **If the call is...** | **Then...** | |
| CTI Authenticated | 1. Answer the call with  **Thank you for calling. My name is <your name>. Who am I speaking with?**   Make note of what authenticators are captured by the CTI screen.  **Note:** This information is needed when transferring calls. Refer to [Transferred Calls](#_Transferred_Calls).   1. Obtain the beneficiary’s First and Last name from the caller. Do not proactively give this information.   **May I have your first and last name please?**  **(PAUSE) Are you calling for yourself today?**  **Note:** Caller must provide **full name** of member, if only first name is given prompt the caller for the last name. If the member they are calling about is a minor-dependent, do not ask the third-party question. | |
| **If the caller’s name...** | **Then ask...** |
| **Matches** the account | Continue to **Step 2**.  **NOTE:**  Zip code is not required for a CTI/IVR authenticated call. |
| **Does NOT** match the account | What is the member’s name that you are calling about?  Is the member aware you are calling for them today?  Refer to the [Not CTI Authenticated Or Partially CTI Authenticated](#NotCTI) section. |
| Not CTI Authenticated  Or  Partially CTI Authenticated | 1. Answer the call with  **Thank you for calling. My name is <your name>. Who am I speaking with?**   **Are you calling for yourself today?**   * If **Yes**, continue to obtain the four authenticators. * If **No**, document the caller’s First and Last name and continue to obtain the four authenticators for the beneficiary they are calling about.  1. Obtain the following **four (4)** authenticators:    1. Beneficiary’s first and last name (Not needed if calling for themselves)   **Note:**   * + - If the beneficiary provides a shortened version of their name, this is a valid authenticator.   **Example:** A nickname, “Reggie” for “Reginald”.   * + - When only one half of a hyphenated name is given, it can be accepted as a name match.   **Example:** Forster for Forster-Vera, or Vera for Forster-Vera.   * + - If you are unsure if the account matches, verify the beneficiary’s full name by asking:   Can you provide the beneficiary’s name as it appears on the beneficiary ID card?   * 1. Beneficiary’s Date of Birth (DOB) displayed on the Main screen   2. Member ID   **Secondary Authenticators (If unable to verify Member ID):**   * + - * Prescription Name       * Prescription Number       * **MED D Only:** MBI   1. Zip Code   **Secondary Authenticator (If unable to verify Zip Code):**   * + - * Plan Sponsor   **Do not proactively ask for beneficiary's social security number. This will result in a failed Quality call.** If a beneficiary proactively offers it, attempt instead to direct the beneficiary toward providing the four other pieces of authentication. Proceed with collecting the four other pieces of authentication (Beneficiary’s first and last name, Beneficiary’s Member ID, Beneficiary’s DOB or zip code).  **Note:** If the beneficiary has no Rx’s on file **and** confirms or states they have no Rx’s on file, validate this in the system. If none on file, this meets the authenticator requirement. Validate current claim history only.   1. Go to Step 2. | |
| **2** | Refer to the [Universal Care - Consultative Call Flow (CCF) Process](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) for call handling guidance. | | |
| **If the caller is...** | **Then...** | |
| The beneficiary or a legal authority calling on behalf of the beneficiary | Continue to the next step.  If the beneficiary is calling with another person on the line (conference, speakerphone, etc.), verify with the beneficiary that it is okay to proceed with sharing their personal health information with the other party on the phone. Notate the beneficiary’s account with the name of the other person on the phone. | |
| Someone other than the beneficiary | **STOP.** Refer to [Non-Beneficiary/Third Party](#_Non-Member/Third_Party). | |
| Warm transferring the call | **STOP.** Refer to [Transferred Calls](#_Transferred_Calls). | |
| An internal partner | **STOP.** Refer to [Internal Caller](#_Internal_Caller). | |
| **3** | Refer to your HIPAA Authentication Grid for specific requirements for each caller type.The grid indicates what, if any, information can be released to the caller. | | |

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| Non-Beneficiary or Third Party |

Refrain from stating, “I cannot release this information due to HIPAA.” This can cause beneficiary abrasion and/or confusion.



Follow the steps below to continue to authenticate a non-beneficiary or third-party caller:

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| **Step** | **Action** | | |
|  | **First**, complete steps 1 and 2 in [Process](#_Process) section. | | |
|  | Refer to the following: | | |
| **If caller is…** | | **Then…** |
| * Power of Attorney * Provider’s office * Conservator * Government Agencies * Client and Plan Representative * Hospital/Emergency Room/Dementia/Nursing home/Hospice patients after verification * Retail/Mail order pharmacy * Deceased beneficiaries after verification | | Proceed to[Step 4](#Step3ThirdParty). |
| Other Third-Party | | Proceed to [Step 3](#Step2ThirdParty). |
| **3** | Ask the Third-Party question for beneficiaries.  Is the beneficiary aware you are calling for them today? | | |
| **If the caller indicates they are...** | **Then…** | |
| NOT aware | Explain to the caller we are only allowed to discuss protected health information with the beneficiary and ask that they have the beneficiary call us. | |
| Aware | Continue with the call as normal, as long as the caller provided the necessary authentication elements for the beneficiary being discussed.  Proceed to [Step 4](#Step4ThirdParty). | |
| **4** | Verify and document the following, if applicable: | | |
| **If the Third Party is calling from a…** | | **Then document the following information…** |
| Power of Attorney | | Power of Attorney Name |
| Provider This may include the following caller types: Any caller from the doctor's office/prescriber’s officeBenefit Verification Specialist  * Copay Assistance Program Employee | | VerifyNPI/NABP and document the following:Caller’s Name (First Name and Initial of Last Name), job title and Provider, Group, or Hospital Name |
| Government This includes the following caller types: MedicaidThe Department of Veterans Affairs (VA)Department of Defense (DOD)State board of pharmacy  * Health Management Systems (HMS)  Other state or federal agencies excluding Prisons or law enforcement officials. | | Phone number and name of agency  **Note:**Due to the sensitivity surrounding these types of calls, Government or State Agency callers should not be turned away for any reason.  State Board of Pharmacy must be warm transferred to the Senior Team regardless of Authentication.  **Medicaid:**  If you are not trained to take these calls, **warm** transfer the call to the appropriate Medicaid Team per the CIF.  **Veterans Affairs** or **Department of Defense** calls should be routed to **1-866-257-4879**. |
| Client and Plan Representative This includes the following caller types: Broker’s Office (MED D)Benefits OfficeAccount ManagerMedical  * Health Plan Representative | | Phone number and business they are representing. |
| **Hospital or Emergency Medical Personnel** Dementia/Nursing home/Hospice patients after verification | | Phone number and Name of facility |
| Retail or Other pharmacies, or3rd Party Insurance PBM Vendors **Examples:**Express Scripts, Highmark, Optum Rx, etcetera | | NCPDP/NPI |
| **5** | Refer to the appropriate HIPAA Authentication Grid for specific requirements for each caller type.The grid indicates what, if any, information can be released to the caller. | | |

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| Internal Caller |

Follow the steps below to continue to authenticate an internal caller:

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| **Step** | **Action** | |
|  | **First** complete steps 1 and 2 in the [Process](#_Process) section of this document. | |
|  | Use the table below to determine if there are additional authentication requirements and what information can be provided to the caller: | |
| **Situation** | **What can be released** |
| **Clinical**  **Specialty or**  **Prior Authorization Department** | Verify and document the Department name.  Release only the minimum necessary information the caller is requesting for the beneficiary. |
| **CVS Aetna**  Aetna Beneficiary Services,  Aetna A/R, etc. | Verify and document the Department name.  Release only the minimum necessary information the caller is requesting for the beneficiary.  **Note:** You may release the effective and termination dates if needed. |

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| Transferred Calls |

Follow the steps below for calls that are transferred to you from another internal employee or from an external party:

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| **Transfer type** | **Authentication Requirement** | | |
| **Internal transfer**  (CVS Caremark or Aetna departments) | Follow the steps below: | | |
| **Step** | **Action** | |
| **1** | Access the member’s account and ask the transferring representative for their first name. | |
| **2** | Ask if the caller (member or third party) has been fully authenticated. | |
| **If...** | **Then...** |
| Yes | Proceed with the call. |
| No | Proceed with the standard Caller Authentication process with the caller. |
| **External Transfer**  Clients,  Benefits Offices,  Health Insurance providers, etc. | * Follow the standard Caller Authentication process for the external department. * Once the external department has transferred the caller, follow the standard Caller Authentication process for the transferred caller. * If at any point in the call, the person to whom you are speaking “WITH” or “ABOUT” changes to another person, STOP and re-authenticate. | | |

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| Outbound Phone Calls |

To be used when the CCR is making or returning a call to the beneficiary or provider (Pharmacy or Prescriber). Refer to the appropriate Inbound or Outbound Call Quality Recording Disclaimer for the full process.

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| **Situation** | **Authentication**  **Requirements** | **What can be released** |
| Beneficiary or calling on behalf of another beneficiary | Quality Recording Disclaimer  **Icon%20-%20Conversation** I need to let you know that this call is being recorded or monitored for quality purposes.  Requires **3 (Three)** Authentication Requirements  1) Phone Number Dialed (you do not need to ask the beneficiary for this)  2) Beneficiaries First and Last name of the person we need to contact  3) Any 1 (one) of the following:   * Beneficiary’s Year of Birth * Beneficiaries Day and Month of Birth * Beneficiary’s Zip Code * Beneficiary’s Street Name | Release only the minimum necessary information to the caller to complete the request.  If neither the beneficiary nor the person who made the request on behalf of the beneficiary is available, you **may not share any information.**  Icon - Important Information PHI/PPI **cannot** be left on voice mail. Leave a number for the beneficiary to call back as appropriate. |
| Pharmacy or prescriber’s office | * First and Last Name of person you spoke with, if applicable * Position or title * Quality Recording Disclaimer   **Icon%20-%20Conversation** I need to let you know that this call is being recorded or monitored for quality purposes. | Release information that is necessary for the pharmacist or prescriber’s office to resolve the beneficiary’s or beneficiary’s need.  Verify the correct beneficiary has been located before proactively providing beneficiary information.  Icon - Important Information PPI/PHI **cannot** be left on voice mail. Leave a number for the beneficiary to call back as appropriate. |

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| Verify Password/Restrictions – Aetna MAPD Only |

A  **Privacy Health Record**(padlock) icon indicates that the member has a privacy record on their account. To protect member privacy, on every call CCRs MUST review the Privacy Information screen before releasing member information to the caller.

To verify passwords and restrictions for Aetna MAPD members, refer to [Aetna - Verify Password/Restrictions](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6fd0f87b-2d6c-41a0-bda4-8c60094fdd6b).

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| Related Documents |

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

**Aetna:** [Aetna - Caller Authentication and HIPAA Grid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ef8699ea-0598-43b1-ba01-6f44d76451d9)

**Med D and Commercial:** [HIPAA (Health Information Portability and Accountability Act) Grid - CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

**FEP:** [FEP Shared- HIPAA (Health Information Portability and Accountability Act) Grid - CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81ea1ecc-7204-4e6b-b94c-c9043fb9de1d)

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

[Compass - Customer Care Document Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5adafaf7-02a1-49b8-b58b-3abceda07ad2)

[Inbound or Outbound Call Quality Recording Disclaimer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dee979fb-f11b-40de-9201-611f8095e3a8)

[WECare Companion Guide for Care Representatives](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=384f024c-c33b-426c-8a40-258ba6023d9d)

**Parent Document:** [CALL 0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011" \t "_blank)

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