# Universal Care - Consultative Call Flow (CCF) Process

[High Level Process](#_Toc149728053)

[Process](#_Toc149728054)

[Account Wellness Check](#_Toc149728055)

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**Description:** This document provides a foundation that gives representatives control of their call and helps them to create a positive caller experience.

**Target Audience:**All Customer Care Representatives

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| High Level Process | |
| 1. [**Greet/Authenticate**](#GreetAuthenticate)  * Answer within three seconds. * Refer to [Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) to authenticate callers.  1. [**Determine the Reason for the Call**](#DetermineReasonforCall)  * Actively listen to the member’s concerns. * If the member is calling about a medication verify if the member is low or out of medication.  1. [**Resolve the Caller’s Issue(s)**](#ResolveIssue)  * Provide Solutions, Alternatives, and Additional Options * Remove any member homework * Complete an [Account Wellness Check](#_Account_Wellness_Check_1) to identify any unspoken needs. * If unable to resolve the issue and you have utilized all resources (team chat, supervisor, team SME, theSource), inform the member that you would like to transfer them to the senior team and warm transfer the member to the senior team.  1. **[Ensure Resolution](#EnsureResolution)**  * Recap the call * Verify if you were able to address the reason for the call  1. **[Close the Call](#Closing)**  * Close the call  1. [**Document the Call**](#Document) | Give the caller your full attention when you hear the incoming call tone.  Ensure that Compass, theSource and Team Chats, are refreshed, open, and readily available.  Do not use pen and paper to document PHI/PII.  It is not just a call; it is the caller’s experience with our PBM. They are calling because they have a concern or question, and we must demonstrate our ability to fully answer their questions.  If a caller is difficult to understand, be patient and speak with empathy and understanding when obtaining their information.  Utilize the call processes specific to the client/LOB you are assisting (**Examples:** Order Placements, Call Documentation, and Fulfillment Requests). |

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| Process |

Perform the steps below:

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| **Step** | **Action** | | | | | |
| **1** | **Greeting/Authenticate:**  Utilize the client-specific custom greeting if there is one indicated in Compass or the CIF.  **Note:**   * General benefit questions that do **not** pertain to a specific member can be answered without authenticating the call. * 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. * 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.   **FEP Only:** Utilize the following greetings:   * **Commercial:**  Thank you for calling FEP Pharmacy Program... * **MPDP:**  Thank you for calling FEP Medicare Prescription Drug Program... | | | | | |
| **If the call is...** | **Then use the following greeting...** | | | | |
| **CTI/IVR Authenticated** | Thank you for calling. My name is <your name>. Who am I speaking with?  Once the caller provides their first and last name ask:  (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](#Step2).  **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/IVR Authenticated or Partially Authenticated - Calling in for Someone Else](#NotCTI)  section. | | |
| **Not** CTI/IVR Authenticated or Partially Authenticated  **Calling for Self / Power of Attorney** | Thank you for calling. My name is <your name>. Who am I speaking with?  **Note:** Caller must provide **full name** of member, if only first name is given prompt the caller for the last name.  Are you calling for yourself today?  Thank you, what is the date of birth please?  To validate the account, can you confirm the Member ID?   * **Secondary Authenticators (If unable to verify Member ID):**   + Prescription Name   + Prescription Number   + **MED D Only:** MBI   Thank you, what is the Zip Code?   * **Secondary Authenticator (If unable to verify Zip Code):**   + Plan Sponsor   Continue to [Step 2](#Step2). | | | | |
| **Not** CTI/IVR Authenticated or Partially Authenticated  **Calling in for Someone Else** | Thank you for calling. My name is <your name>. Who am I speaking with?  Are you calling for yourself today?   * If **No**, refer to [Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd)- Third Party section for additional authenticators to request.   May I have the member’s first and last name please?  Thank you, what is the member’s date of birth please?  **Search and locate the member.**  To validate the account, can you confirm the Member ID?   * **Secondary Authenticators (If unable to verify Member ID):**   + Prescription Name   + Prescription Number   + **MED D Only:** MBI   Thank you, what is the Zip Code?   * **Secondary Authenticator (If unable to verify Zip Code):**   + Plan Sponsor   Is the member aware you are calling on their behalf?   * If **Yes**, continue. * If **No**, Stop the Call and ask the caller to have the member to call us. Refer to [Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd).   Continue to [Step 2.](#Step2) | | | | |
| **Customer Care Transfer** | Were the required Caller Information fields in Compass populated during the transfer? | | | | |
| **If…** | | | **Then…** | |
| Yes | | | Proceed with the call. | |
| No | | | Refer to the [Internal Transfer](#InternalTransfer) process. | |
| **Internal Transfer (CVS Caremark or Aetna departments)** | Access the member’s account and ask the transferring representative for their first name.  Has the caller (member or third party) been fully authenticated? | | | | |
| **If…** | | **Then…** | | |
| Yes | | Proceed with call. | | |
| No | | Proceed with the standard Caller Authentication process with the caller.    Refer to [Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd). | | |
| **External Transfer (Clients, Benefits Offices, Health Insurance Providers, etc.)** | Follow the standard Caller Authentication process once the transfer has occurred. While a Third Party has provided all the access information, we should proceed with the standard Caller Authentication process with the caller.  Refer to [Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd).  [Return to HLP](#_High_Level_Process) | | | | |
| **2** | **Determine the Reason for the Call.**  Listen and anticipate the member’s needs.  What can I help you with today?  Restate the caller’s need to ensure understanding.  Yes, I can help you with…     * The Reassurance statement is meant to provide the member with confidence and reassurance that we are going to help. Reassuring the caller they have reached the right person to assist and resolve their inquiry. You are reassuring and stating “I am the right person to help you.” * Say it at the right time:   + After the caller has explained their reason for calling   + Reassure the member with a positive ‘I can help’ statement   + Say it confidently; your tone matters just as much as your words * Examples of Reassurance Statements:   + Absolutely, I’ll be happy to assist   + I can definitely help you with your drug coverage question…   + Yes, I can help you with your refill…     - **Note:** Reassurance statements do not need to be verbatim, however, they should include both a positive affirmation and an assurance of our ability to assist the member.   As a best practice: Elevating the MEMBER Experience can be accomplished by Elevating the reassurance statement:   * “Absolutely! I can help you with your refill for atorvastatin.” * “I am happy to help you with your drug coverage question about Wegovy.”   **Note:**  In the CTI pop-up, the “Caller Intent” field may also share the reason for their call.  **Example:** | | | | | |
| **If…** | **Then…** | | | | |
| Calling about a medication… | What medications were you calling about?  How many days’ supply of medication do you have on hand?     * The reason we ask for day supply on hand, is to ensure our members do not run out or go without needed medications. We want to show empathy and provide options for our members. We do not want to assume the member has the medications they need until they receive their next supply. * Understand the positive impacts to members: you will ensure members do not run out of medication and you’ll make them feel that you are looking out for them * Follow Compass guided language, example: “Do you have more than 5 days supply of medication on hand?”   **Note:** If the member has five (5) days or less of medication on hand, you should determine alternative routes to obtain the medication.  How can I assist with that medication today? | | | | |
| Repeat Caller for the same issue…  **Note:** Review activity using the [Account Wellness Check](#_Account_Wellness_Check_1). | **If…** | | | | **Then…** |
| 2nd Call about the same unresolved issue **or** the issue is new and the previous issue was resolved…  **OR**  3 or more calls within seven consecutive days about a new issue and the previous issue was resolved… | | | | Thank you for that information, how can I help you?  **Note:** If issue is resolved, provide a resolution.     Prior to closing the call, ensure that you have addressed and resolved **all** the member’s inquiries and concerns. |
| 3 or more calls within seven consecutive days for the same issue **Or** you recognize from the **Notes** or **View Activity** has a history of calling on the same issue that remains **unresolved** regardless of the time period… | | | | Please allow me to transfer you to our Senior Team who can provide further support. May I place you on a brief hold?”  Warm transfer to the Senior Team  **Reminder:**  Log the call as a Transfer.  **Add Notes:**Include one of the following keywords:  Repeat, Multiple, or Unresolved Issue.  [Return to HLP](#_High_Level_Process) |
| **3** | **Resolve Issue:**  **Provide solutions, alternatives, and additional options**   * Remove Member Homework. * Complete necessary requests/outreaches (i.e., New Rx Request, EPA request, etc.). * Help the member to maximize plan benefits, including enrollment in web portal and messaging preferences. Refer to [Account Wellness Check](#_Account_Wellness_Check_1) section for tips.   Utilize theSource, CIF, and PeopleSafe/Compass on every call. For each situation you should review the work instruction specific to the scenario at hand. If **UNABLE** to resolve the issue and you have utilized all resources (team chat, supervisor, team SME), inform the member that you would like to reach out to the Senior Team for assistance and to ensure an accurate resolution.  The below table only applies to clients that use Caremark.com. For all other clients, proceed to the next step. | | | | | |
| **If the member is eligible to use Caremark.com and…** | | **Then…** | | | |
| Is **not** registered, and calling for a reason that qualifies as a self-service item | | Offer the member the quick registration link to the website through either email or text.  Refer to [Caremark.com – Common Member Assistance Call Types Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=947b0b38-401d-4b18-a08e-60348558a9b9). | | | |
| Is **not** registered, and is **not** calling for a reason that qualifies as a self-service item | | Offer messaging preferences for future items and proceed to the next step.  Refer to [Caremark.com – Common Member Assistance Call Types Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=947b0b38-401d-4b18-a08e-60348558a9b9). | | | |
| Is registered, and is calling for a reason that qualifies as a self-service item | | Remind them they can use the website as a self-service option. Offer to walk them through how to navigate to what they need.  Refer to [Caremark.com – Common Member Assistance Call Types Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=947b0b38-401d-4b18-a08e-60348558a9b9).  [Return to HLP](#_High_Level_Process) | | | |
| **4** | **Ensure Resolution:**  Attempt to summarize the call:  As a best practice Summarize the call by incorporating the following:   * **REASON:** Include why the member called (when appropriate/applicable) * **ACTION/INFORMATION SHARED:** The information you provided to the caller * **RESULTS- NEXT STEPS/TAT:** What was done for the member and the turnaround time (i.e., New RX Request, EPA request, etc.).   **Note:** Remember that the member may not know what a specific form or request is so you should explain exactly what these processes are using words that a member can understand. (i.e., instead of saying “I submitted a new rx request” you can say “I sent a request to your doctor’s office for a new prescription.”)  **Example of a Summary/Recap:**  “Today you called in regarding the rejected claim for Vyvanse through the local CVS Pharmacy. We discussed the medication requires a prior authorization to be covered & I submitted an EPA form to the doctor’s office for that. I advised once the form is received from the doctor’s office it would take 24-72 hours to be completed. You have enough medication on hand until the decision is made on the prior authorization.”  Did I cover all of your reasons for contacting us today?  **Note:** We should first provide a call summary before asking if the caller’s concern has been resolved. If the resolution question is provided too soon, the member may assume the call is complete and hang up prematurely, leaving potential concerns/questions unaddressed. Call summary ensures that all inquiries have been fully resolved, reinforcing a positive service experience and preventing misunderstandings and/or future calls | | | | | |
| **If...** | **Then...** | | | | |
| Yes | Proceed to Step 5. | | | | |
| No | I apologize I did not fully address the reason for your call today. What additional items would you like to discuss?   1. Repeat Steps 2-4, using all resources and contacting Sr Assist, as needed. 2. The second recap should only recap the new information that was found, discovered, and actions taken. 3. If the member advises twice that you have not resolved their issue (i.e., **successfully** performed a system action OR **accurately** talked through something), inform the caller you are transferring them to the senior team who can provide further support.   [Return to HLP](#_High_Level_Process) | | | | |
| **5** | **Closing:**  Utilize the client-specific custom closing if there is one indicated in Compass or the CIF.  As a best practice, ask if there are additional questions or concerns we can assist with.   * **“Ok great! Is there anything else I can help you with?”**   + This question offers additional assistance and gives the member another opportunity to potentially ask questions or solve other issue(s) while they have us on the phone. * **“Wonderful!  Thank you for calling and have a great day!”**   Thank you for calling. It’s been a pleasure speaking with you, have a great day!  **Note:** Remember to allow the member to disconnect the call after the closing experience.  [Return to HLP](#_High_Level_Process) | | | | | |
| **6** | **Documenting the Call:**  It is important to confirm the documentation (system generated or manual) includes the reason for the call, action taken by CCR/member and next steps while on the call.   * **Reason:**    + **Who** called is vital to ensure HIPAA compliance as well as compliance regarding AOR or POA.   + **What** the caller is calling about/What the issue is.   + **Where** the problem exists (**Example:** Mail order, point of sale, etc.).   + **When** the issue occurred or is anticipated (in the past or future date).   + **Why** it is an issue for the member/Why it should be resolved. * **Action:** * **Result:**   **CCR Note:** Utilize the call documentation processes specific to the client/LOB you are assisting.  Documentation Balance is important:   * Notes can be a mix of system generated and/or manual entries; **DO NOT** retype system notes. * Document calls while you talk. **DO NOT** wait until the very end or use ACW to begin documenting a call. * The recommendation is to **NOT** include the Reason, Action, Result template; just confirm the necessary information is always captured. If the template helps to be more efficient, it’s allowed. * Document the **FACTS ONLY.**   [Return to HLP](#_High_Level_Process) | | | | | |

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| Account Wellness Check |

An account wellness check is when you view the member’s account for potential issues.

The places you may view (based on the reason for the call):

* High Priority Comments
* Confirm or capture Mobile (cell) and email address and verify or update Messaging Preferences (email, text, and phone)
* Stop See Messages/Compass Alerts
* View Activity – verify if the caller is a repeat caller
* Prescription History
* PBO tab/PA history
* Accumulations and more, depending on the reason for the call
* Suggest the Automatic Refill Program (ARP) if appropriate and offered by the client
* View applicable opportunities when available and present to the member during the course of a phone call

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| **If you see…** | **The member could be calling about…** |
| Recent rejected claim | Reason for the rejected claim such as:   * Prior Authorization required * Too soon to fill/quantity limit * Maintenance Choice * And more |
| Recent paid claim | High copays or deductible |
| Current in progress order | Order Status |
| Recently shipped order | Issue with order such as side effects or other, voicemail or email received about a medication they would like to confirm |
| No recent activity on the prescription (Rx) | Refill |
| Payment exception | Payment exception |
| Nothing related to the named Rx on the history | In progress order or general coverage question  Ask, are you trying to fill the prescription at Retail or Home Delivery/Mail Order? |

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| Related Documents |

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

**Aetna Commercial:** [Aetna Commercial Member Care - Most Frequently Used Documents – PeopleSafe](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a817b9d5-f603-4f54-afd0-219989ec2a3b)

**Aetna Med D:** [Aetna Med D - Commonly Used Work Instructions Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aaa38402-b736-465f-98c6-f975ea61e71c)

**FEP:** [FEP Shared - Document Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5e6a9c55-8986-44f6-82c9-24bb98326d17)

**Commercial:** [PeopleSafe Commercial Care Document Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48e60afe-4834-4733-9270-43a42bf6af4c)

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

**MED D:** [MED D – Commonly Used Work Instructions Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=45cc9b47-1035-4597-b0ca-52d3109f8c8d)or[MED D – Blue MedicareRx (NEJE) Commonly Used Work Instructions Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a9e33532-4e59-4ee2-9988-88ea7616f8c7)

[Address, Email and Phone Number Changes](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a09925d4-9dbb-407b-b579-c17eec6e62ee)

[Incoming Artificial Intelligence (AI) Calls to Customer Care (Automated or Computer Calls)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bb0302e9-28d0-4455-b6eb-26c603fbaa3c)

[Obtaining an Email Address and Managing Messaging Platform Alerts](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471)

[Quick Registration for Caremark.com](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c90a32de-421f-42c2-8d5c-69ce36571418)

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

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