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PHARMACY SURVEY

[Voicemail 5](#_Toc515442018)

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| Readme |
| Welcome message  |
| Members will receive a greeting that will let them know the health plan is calling with a survey on a specific topic. |
| The member will be asked to confirm their identity, and if appropriate, confirm that they have experience relevant to the survey topic. If it is a sensitive topic, the member may be asked to confirm year of birth. The member will have 2 chances to enter the YOB correctly. If it’s incorrect on the second try, they will be sent to member services for further assistance.  |
| Main Message  |
| After the verification process, members receive any introductory text and subsequent survey questions. If members do not verify relevant experience necessary for completing questions, they may be given the choice to transfer to member services for assistance or they may be notified that they have been reached in error and the call is ended. |
| If the WRONG person is reached, the call is ended. |
| Condition Column |
| The condition column details the subject of the message and provides instructions to HC’s technical writers as to the next step in the IVR branch. These instructions are written in red. |
| Custom Key Legend |
| The custom key legend shows all of the custom values used throughout the campaign. These values will be populated with the appropriate information at the time of the campaign. **Please fill these in upon review of the campaign script.** |
| *Custom Key* | *Definition* |
| {HealthPlan} | **Commonwealth Care Alliance** |
| {HealthPlanAbbr} | **CCA** |
| {PlanName} | **Senior Care Options** **OneCare** |
| {MbrNameFirst}, {HoHNameFirst} | Member’s first name, parent/guardian’s first name |
| {MemberServicesNum} | The plan’s Member Services phone number: **866-534-9540**[This will route through HealthCrowd’s tracking number] |
| {MemberServicesHrsDays} | **8 a.m. to 8 p.m. Monday through Friday and 8:00am to 6:00pm Saturday and Sunday.**  |
| {IvrSourceNumber} | Phone number shared in voicemail for member to call Member Services. [This will route through CCA’s tracking number] |
| {LanguageSwitch} | {Para continuar en Español, habla ESPAÑOL} – English message{To continue in English, say English} – Spanish message |

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| Pharmacy Benefit  |
| Greeting  |
| GreetingElse, move to “Member Confirmation” | Hello, this is Commonwealth Care Alliance, your health plan, calling all {PlanName} members with some questions about pharmacies and medications. Please answer this 5-minute survey and give us your feedback so we can make sure members like you get the best care and service possible. {LanguageSwitch} | Pharm\_1APlanName\_SC OR PlanName\_OCPharm\_1B |
| Member ConfirmationIf no, move to “Wrong Person” | Before we start, is this {MbrNameFirst}? If yes, say YES or press 1. If no, say NO or press 2.  | PostDis\_2APostDis\_2B |
| Wrong PersonIf Available, move to “Wait”. If Unavailable, move to “Call back”. If Wrong, move to End call.  | Can {MbrNameFirst} come to the phone right now? If YES, say YES or press 1. If NO, say NO or press 2. If we called the wrong number, say WRONG or press 3. | PostDis\_3APostDis\_3BPostDis\_3C |
| Call BackEnd Call | Thanks for letting us know. We will call back at a later time. Thank you for your time, good-bye! | PostDis\_4 |
| Wait | Thank you. We’ll wait. Please press any key to continue when ready. | PostDis\_5 |
| NoEnd call | We’re sorry, we seemed to have reached you in error. Thank you for your time. Good-bye! | PostDis\_6 |
| Call-to-Action *If there is no response after 30 seconds, repeat the question 1x time before moving on to the next question.* |
| Question 1Move to Question 2 | In the last 3 months, how often was your pharmacy easy and convenient to use? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_2 |
| Question 2Move to Question 3 | In the last 3 months, how often did you miss taking a medication because you couldn't get to the pharmacy to pick it up? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4.  | Pharm\_3 |
| Question 3IF Q3= NEVER Move to Question 6 ELSE Move to Question 4 | In the last 3 months, how often did a pharmacy tell you a prescription was not covered? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. To repeat this question, say REPEAT or press 9. | Pharm\_4 |
| Question 4Move to Question 5 | In the last 3 months, how often did you miss taking a medication because a prescription was not covered? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_5 |
| Question 5Move to Question 6 | When a prescription was not covered, how often was your pharmacy HELPFUL in getting you what you needed? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_6 |
| Question 6Move to Framing | In the last 3 months, how often did your pharmacy do a good job communicating with you and your doctor about your prescription medications? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. To repeat this question, say REPEAT or press 9. | Pharm\_7 |
| FramingMove to Question 7 | Commonwealth Care Alliance wants to know which pharmacy services are most helpful to you. Please tell us how often you plan to USE the following pharmacy services IN THE FUTURE. If you ALREADY use these services now, we still want to know how often you will use them in future. | Pharm\_8 |
| Question 7Move to Question 8 | In future, how often will you use a mail order service that sends prescriptions to your home? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_9 |
| Question 8Move to Question 9 | In future, how often will you have your local pharmacy deliver all your medications in organized pill packs labelled with WHEN you need to take them? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_10 |
| Question 9Move to Concluding Message | Last Question! In future, how often will you use a 3 month supply so you don't have to get your prescriptions refilled every month? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Pharm\_11 |
| Concluding Message | Thank you for participating! We will use your feedback to improve our pharmacy services. If you are having trouble getting your medications or affording them, a representative from Member Services can help. Please press or say ONE to be transferred to a member services representative, or hang up to end this call. | Pharm\_12 |
| Repeat Message If response isn’t clear, this message will be played and the question will be played again. | I’m sorry, I didn’t understand that. Please try again.  | Pharm\_13 |
| Repeat Message 2If response still isn’t clear, this message will be played and the question will be played again. | I still can’t understand. Please press 1 on your keypad if ALWAYS. Press 2 if USUALLY. Press 3 if SOMETIMES. Press 4 if NEVER.  | Pharm\_14 |

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| Voicemail |
| Voicemail  | Messages |
| If phone call is not answered (adult) | Hello! This is Commonwealth Care Alliance, your health plan. We are reaching out with a few questions about your pharmacy services and benefits. Your feedback is important to help us improve and make sure we are offering you the best services possible, please call us back toll-free at {IvrSourceNumber}. Again, that number is {IvrSourceNumber}. | Pharm\_15ASourceNum\_PharmPharm\_15B |