

Ensuring a smooth transition with High-Touch Outreach

Extra support to welcome and onboard new plan members who need it most



CVS Health has years of experience in successfully managing PBM transitions for millions of plan members. Our robust approach, tested and refined over time, means a smooth transition during welcome season.

We've also learned that some members will require extra support. For those members who have complex or chronic conditions and/or take several therapies, we offer High-Touch Outreach. Members more likely to have a prescription rejected at the pharmacy counter, fall off therapy or call Customer Care receive a white-glove welcome that features proactive, personal contact in the weeks before their new benefits become effective.



23% less member disruption*

We proactively call identified members to help them get started, resulting in a positive experience that minimizes disruption.

High-Touch Outreach offers additional support to members who need it most.



Early identification

We proactively identify members who need greater support



Proactive outreach

Our Customer Care reps call each identified member to welcome them and assist with transition and setup



1:1 concierge service

Guidance to help members maximize their plan resources and get started using digital tools



Ongoing support

Our priority is to make sure members feel supported every step of the way

We go above and beyond traditional onboarding engagement by:



Providing ongoing support to help members navigate their new benefits



Discussing benefits/formulary, network and/or savings opportunities



Helping to transition prescriptions, get started at mail or find an in-network pharmacy



Facilitating access to digital tools and information so members can engage via their preferred channel

We provide the information members need to get the most out of their new plan.

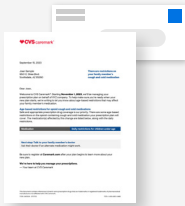
APPROXIMATE DAYS PRIOR TO EFFECTIVE DATE:



90
DAYS

Provide open enrollment information

- Open enrollment materials introduce all new members to CVS Caremark and inform them about online tools



45
DAYS

Help members understand and prepare for upcoming changes

- A proactive benefit change letter is sent to any member impacted by formulary, network or other plan changes
- A CVS Specialty transition communication is sent to all specialty Rx members, with details on next steps



30
DAYS

Begin High-Touch Outreach for members needing additional support

- Live outbound phone calls are made to members identified as needing greater support
- Specialty Rx members receive calls starting at ~30 days prior
- All other High-Touch Outreach calls start at ~7 days prior



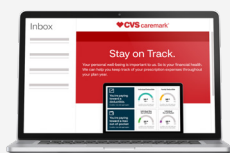
15
DAYS

Deliver welcome kit and make self-service easy

- A welcome kit is mailed to all new members to provide a benefits overview
- The advantages of registering on Caremark.com are promoted and the use of digital tools is encouraged

EFFECTIVE
DATE

Ongoing



Provide proactive support and communications

- Customer Care reps are available 24/7 and members registered or with an email on file receive a welcome series and helpful email communications
- Targeted support for members with complex conditions is provided

Client success story

A large employer moved to CVS Caremark after more than 25 years with their previous PBM in order to achieve significant savings. This major manufacturer sought to migrate more than 227,000 members and more than 2 million claims.

In addition to extensive onboarding support for all new members, we provided High-Touch Outreach to members with complex conditions.

Close collaboration was key, including:

- Early identification of requirements
- Timely provision of eligibility files to enable proactive High-Touch Outreach to identified members
- Prior use member exception allowed for six months

In addition to High-Touch Outreach for members with complex conditions, our transition strategy included:

- Opening Customer Care phone lines early to support the transition
- Supporting web customization at the carrier level
- Capturing all formulary exclusions, tiering and utilization management (UM) edits accurately
- Maintaining account, billing and invoicing structures consistent with the previous PBM
- Completing new medical integrator setup in four months



Migrated
227K
members



2.3M
claims



100%
transition accuracy
on coding, exclusion,
tiering and UM edits



100%
client satisfaction
with overall
implementation process



Awarded
**Vendor of
the Year**

Providing extra onboarding support for members with complex conditions

Members experience a journey designed to inform, guide and enable them to get the most from their new prescription benefit plan.

With timely points of contact based on individual needs and plan design, they are supported and empowered throughout, resulting in an improved experience and better health outcomes.



98% welcome season client satisfaction**



For more information, please reach out to your CVS Health team, or contact us by visiting payorsolutions.cvshealth.com/contact-us.

*Defined as the percentage of targeted members who experience Rx rejects in the modeled segment of the new-to-Caremark high-touch onboarding outreach campaign. CVS Health Analytics, 2023.

**2023 January Welcome Season Overall Client Satisfaction with the implementation process for total book of business top-three box (percent satisfied or better on a five-point scale).

The source for data in this document is CVS Health Enterprise Analytics, unless otherwise noted. Adherence results may vary based upon a variety of factors such as plan design, demographics and programs adopted by the plan. Client-specific modeling available upon request. Savings will vary based upon a variety of factors including things such as plan design, demographics and programs implemented by the plan. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

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