

EMPLOYER CASE STUDY:  
IMPLEMENTATION / MEMBER EXPERIENCE

# Ensuring Smooth Transitions for Members with Complex Regimens

**92%**  
member satisfaction



## SUMMARY

After 15 years with their previous PBM, a state agency moving to CVS Caremark wanted to minimize disruption and ensure support for members with high-cost, complex regimens.

## OBJECTIVES

- ✓ Transition 129K members and ~140K claims per month
- ✓ Minimize member disruption
- ✓ Ensure extra support for members with complex regimens

## SOLUTION



**Claims modeling**  
to ensure accuracy per plan design, pre-implementation



**Robust project management,**  
tracking and updates



**Proactive testing**  
and claims surveillance  
post go-live



**High-Touch Outreach**  
to identified members,  
including live phone calls  
and 1:1 concierge support



## RESULTS

**92%** member satisfaction

**100%** client satisfaction  
with transition team

**100%** transition  
accuracy

## ABOUT CVS CAREMARK

Health plans and employers continue to choose CVS Caremark as their trusted partner to maximize pharmacy savings while improving health outcomes and experience. As a Pharmacy Benefits Manager, our focus is on engaging members and their providers throughout the duration of therapy to create actionable insights for more opportunities to lower costs and improve care.

As a part of CVS Health, we provide members with a broad array of pharmacy access and care options, in the way they prefer it — including in-person support at more than 9,000 CVS retail stores and retail clinics, virtual visits and home infusion services. We've committed to bringing our heart to every moment of health.

Learn more about our innovative approaches at [payorsolutions.CVSHealth.com](https://payorsolutions.CVSHealth.com)