

EMPLOYER CASE STUDY:
IMPLEMENTATION / CLIENT EXPERIENCE

Smooth Member Transitions Drive Client Satisfaction



100%
client
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



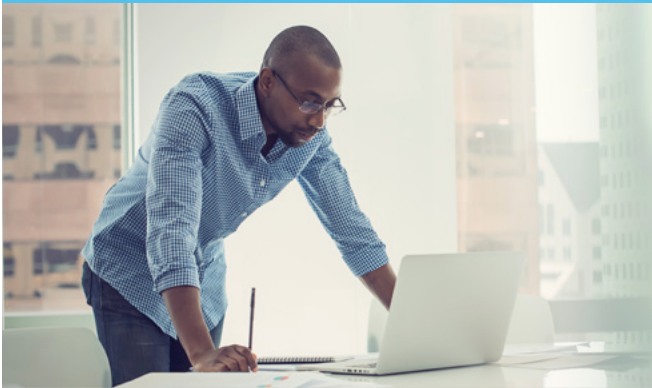
Robust project management,
tracking and updates



Proactive testing
and claims surveillance
post go-live



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



RESULTS

100% overall client
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