# Compass - Requests for Representative’s Last Name, ID, Location, or Call Reference Number

[Process](#_Toc171606322)

[Related Documents](#_Toc171606323)

**Description:** Instructions regarding a request from a caller for the Representative to provide their last name, ID, location, and call reference number. This generally occurs when the caller is attempting to document with whom they have spoken.

|  |
| --- |
| Process |

**Note:** If the member is requesting the Representative’s or Call Center’s address in order to submit complaints, suggestions or compliments, refer to the following for the process [Compass - Handling Member & Prescription Complaints, Compliments or Suggestions (066562)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ce37ade9-3483-4c0e-b7ec-d063ff62ddb8).

Perform the steps below:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Provide a Call Reference number instead of releasing Last Name, ID, or Location, and respond according to the following scenarios:   * The call reference number is your first name + date of the call (mm/dd/yy) + time of the call in Customer Care Representative’s time zone (00:00).   **Example:** John0601230225   * **Do not** provideyour Employee ID (EID), QCPID, Network ID (NTID), UID, ZID or any other form of identification to a member or client.   + For internal transfers, CCR may be asked to give their CID, ZID, UI (network ID). * **Do not**provide your email or send emails to members or other callers. | |
| **If the call is…** | **Then…** |
| A **member or client**, or anyone identified by our [Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) and [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) including clients that may be making Test Calls | The Representativeshould provide a call reference number formatted as their first name, followed by the date of the call and the time of the call in the Representative’s time zone.   * If the caller insists on a last name or location, advise them of the following disclaimer:   Icon - Conversation For legal and security reasons, I am unable to provide my last name or location. However, I can provide a call reference number, which is a combination of my first name, today’s date, and the time of the call in my time zone.  **Escalation ONLY:**   * After the disclaimer:   + If the member continues to request your last name, warm transfer to the Senior Team ([Commercial (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) or [MED D (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7)).   + If the member requests your supervisor's name, provide them with supervisor’s first name and warm transfer to the Senior Team ([Commercial (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) or [MED D (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7)).   Icon - Important Information Do **not** cold transfer an escalation.  **Result:** The Senior Team takes action for any additional escalations.  **Reminder:** Document the call to explain the situation and make sure to disposition the call as an “escalation.” |
| To or from another **Representative** | Provide your first name + date of the call (mm/dd/yy) + time of the call in Representative’s time zone (00:00). **Example:** John0601230225   * If asked for location, either provide city and stateor department. **Example:** “Commercial Customer Care.”   **Note:** If a work instruction advises to provide last name, follow the process outlined within that specific document. |
| To **Internal** Business Partners | * Provide first name. * Provide first letter of last name. * If asked for location, either provide city and state or department.   **Notes:**   * In the event of IT/Routing test calls, more information may be requested to resolve your issue or verify the caller was routed correctly. Verify any information requested by our internal partners. * Follow the process outlined within specific work instructions for internal transfers.   **Example:** [Commercial (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) Senior Team may ask for your CID/UID/ZID (Network ID) when transferring. |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

[Customer Care Abbreviations, Definitions and Terms (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**