# **Compass - Pharmacy Requesting Member ID**

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**Description:** Instructions for how to handle a call from the pharmacy requesting a member’s processing information and includes obtaining the member’s ID number.

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| **General Information** |

* **Do** **not** release the Member ID to the pharmacy until the account has been accessed.
* Once the account has been accessed, **only** release the **Alternative ID** listed in the **Eligibility** tab, located on the **Member Snapshot Landing** **Page**.
* **Never** provide the Membership ID from the Case Details panel or the Alternative 2 ID, unless the CIF states otherwise.

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| **Process** |

Complete the steps below:

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| **Step** | **Action** |
| **1** | Pharmacy Selection and NPI will be determined from the **Who is calling?** selection made during Authentication. Refer to [Compass - Guided Authentication (050163)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) for further information as needed. |
| **2** | After the **Member’s Full Name** (Category 1) and the **Member’s DOB** (Category 2) have been verified by selecting the appropriate checkboxes, proceed to the **Category 3** section.  In the **Category 3** section, locate and select the **Pharmacy Inquiring about Member ID**checkbox to satisfy the Authentication requirements for Category 3.  **Note:** If the member is a Medicare member, refer to the [Scenario Guide](#_Scenario_Guide).  -A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The Member’s Zip Code and Plan Sponsor in Category 4 will change to display the Full Member Address. |
| **3** | **Note:** The caller must verify the **Full Member Address** by selecting the appropriate checkbox to satisfy the Authentication requirements for Category 4.  **Result:** Once verified, an Authentication Complete message displays and the **Continue** button illuminates.  **Click** Continue.  **Result:** Primary Interaction Reason popup displays. |
| **4** | Complete the Primary Interaction Reason popup, then click **Continue**.  **Result:** TheMember Snapshot Landing Page displays. |
| **5** | From the Member Snapshot Landing Page, locate and **only** release the **Alternate ID** listed in the **Eligibility** tab.  **Note:** Review the CIF if there is no Alternate ID under the Eligibility tab.    **Never** provide the Membership ID from the Case Details panel or the Alternative 2 ID, unless the CIF or SRT states otherwise.  A screenshot of a computer  AI-generated content may be incorrect.  A screenshot of a computer  AI-generated content may be incorrect.  **Notes:**   * Provide the pharmacy with the 2-digit person code. The 2-digit person code is the last 2-digits of the Alternate ID (often 01 for cardholder, 02 for spouse, etcetera.). * If the pharmacy calls in with a rejection of the wrong person code or M/I Invalid date of birth, be sure the member in question’s profile is selected in the **Member Details** panel. If not, fully authenticate before providing the person code for the member in question. * Offer the processing information found in the **Client and Processing Information** panel: RXBIN, RXPCN, and RXGRP.   A screenshot of a computer  AI-generated content may be incorrect.  The pharmacy can also contact the Pharmacy Help Desk if additional assistance is needed (**1-800-364-6331**). |
| **6** | Remain on the line until the claim is processed.  Have you received a paid claim?   * If yes, proceed with the call. * If not, view claim settlement codes and explain the rejection to the pharmacy.   Click the **Refresh** button to see the claim the pharmacy reprocessed. Refer to [Compass - Known Issues and Actions to Resolve (058313)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf08f416-3cba-43b2-ab9a-0d8ff9489ae2) if needed.  A screenshot of a computer  AI-generated content may be incorrect. |

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| **Scenario Guide** |

Refer to the following scenarios as needed:

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| **Scenario** | **Action** |
| The member is a Medicare member and the **MBI displays** on the Authentication token screen | Obtain the member’s Medicare Beneficiary Identifier (MBI).  **Note:** The Medicare Beneficiary Identifier (MBI) requires 11 characters (mixture of alphabetic and numbers).   What is the Member’s Beneficiary Identifier (MBI)?  **Note:** If the pharmacy does not have the MBI, we will not be able to release the member’s ID.  The member ID should only be provided to a pharmacy specifically for the purpose of submitting a claim and **no other reason**. |
| The member is a Medicare member and the **MBI does not display** on the Authentication token screen | Transfer the call to the Senior Team. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).  **Result:**Senior Team verifies MBI in RxClaim. |
| Member is requesting an outbound call be made to the pharmacy | Outbound calls have the same limitations on what you may/may not release as inbound calls.  Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076),](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0)as needed. |

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| **Related Documents** |

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

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

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