# Customer Care Abbreviations, Definitions and Terms – E

**Each Alpha section will have two separate tables:**

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**Note:** Terms are not duplicated on both lists.

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| **Abbreviation** | **Term** | **Definition** |
| **eCheck** | Electronic Check | Electronic check processing, also known as Automated Clearing House (ACH), or Electronic Funds Transfer (EFT), allows the member to pay for orders online or over the phone via a checking or savings account. |
| **e-Check Refund** | Electronic Check Refund | Apply a credit back to the Electronic Check account to reduce the balance owed. |
| **E-Clinic** | Electronic Clinic | E-Clinic visits offer patients the opportunity to connect with a local MinuteClinic provider via video conferencing. They are available between 9:00 A.M. and 5:00 P.M. local time, in Washington D.C., and the 33 states where MinuteClinic operates, and are covered by most insurance companies that have MinuteClinic in-network. Patients can request an E-Clinic visit at [www.minuteclinic.com](http://www.minuteclinic.com) and a local provider will reach out to identify a convenient time to connect within 1 business day. |
| **e-Fax** | Electronic Fax | A prescription drug order that is communicated directly from a prescriber’s computer or PDA to a pharmacy’s fax machine by electronic transmission via an approved or unapproved vendor. |
| **e-Prescription** | Electronic Prescription | A prescription drug order that is communicated directly from a prescriber’s computer or PDA to a gateway (Surescripts), validated by SureScripts and sent to our PBM Mail Order System via an approved vendor.  The drug order automatically displays in our Mail Order System for processing. |
| **EA** | External Adjudication | Member has another plan, and the order may be processed by this secondary plan.  The EA department will determine eligibility before allowing the order to continue through the pharmacy. |
| **EAC** | Estimated Acquisition Costs | Discount off average wholesale price (AWP) that pharmacy benefits manager pays pharmacy (**Example:**  “AWP minus \_\_ %”). |
| **ECHC** | ExtraCare Health Card | Developed by CVS to providing members with:   * A 20% discount on CVS Brand and CVS store exclusive brand products (CVS Health Brand) that are FSA-eligible and not on sale (regular priced).   Additionally, the member receives:   * $5.00 ExtraBucks with every 10 filled prescriptions. (This includes those paid with and without insurance). * Clip Free coupons (Coupons printed at the CVS Retail registers and via mail). * 2% back in ExtraBucks every time the member shops at CVS Pharmacy. * CVS ExtraCare cardholders can convert their existing point balances to the new ECHC CARD. Members can also go to www.cvs.com\extracarehealth to transfer points online.   **Note:** Members must enroll in Pharmacy and Healthy Rewards either in store or online. HIPAA acknowledgment must be signed which will allow them to be enrolled for the next 5 years. |
| **ECL** | Exceeds Claim Limit | Amount the Plan pays will be limited to a certain $ amount. The member will be responsible for the difference. |
| **ECLIPS** | Enhances Client and Plan Sponsor System | Database and programs within RECAP system containing Client Information File (CIF). |
| **ECN** | Exclusive Choice Network | A type of pharmacy network provided by CVS/Caremark Network of providers that are exclusive to a plan. |
| **ECT** | Enrollment Care Team | Team that can assist beneficiaries with enrollment in a new plan, assistance with determining which plan is better for their needs, recommendations on which plan to choose, and any plan changes. This team is client specific. |
| **ECR** | Email Care Representative | A Customer Care representative that helps with email requests and handles customer service inquiries via email. |
| **ECRS** | Electronic Correspondence Referral System | ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information and inquiries concerning possible MSP coverage.   * Transactions are automatically stored on the Coordination of Benefits (COB) contractor’s system. * Each evening, a batch process reads the transactions and processes the requests. * The status of each transaction is updated as it moves through the system. * Transactions are entered and viewed in ECRS by contractor number. * An organization with more than one contractor number must determine how it wants to group its activity.   + If the organization wants to see all records together, it should use only one contractor number for all ECRS activities.   + If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers. |
| **EDB** | Enrollment Database | Database that includes enrollment information. |
| **EDEN** | Embossed Dependent and Employee Names | Format includes a 9-digit plan member ID number plus a 2-digit suffix. The suffix code identifies each family plan member under the insured plan. This information is embossed on the PCS card and must be submitted by the pharmacist to PCS at the point of sale. The pharmacist must submit a valid Carrier/Group/ID# /Suffix Code in order for the claim to pay. |
| **EDI** | Electronic Data Interchange | Computer networks that link various providers, collecting and organizing pharmacy claims data for use in outcomes research. |
| **EDIFACT** | EDI for Administration, Commerce and Transport | The international message standard for the exchange of electronic data, developed and managed through the cooperation of the United Nations and the Economic Commission for Europe.  eRx messaging format that will be used between Verizon and HPNS for Mail and Specialty controlled substance eRxs. The NCPDP SCRIPT standard was originally based on the EDIFACT standard. |
| **EDW** | Enterprise Data Warehouse | Is large data base. Any team that needs to store information for long periods of time will use EDW. LINKS stores data for 28 months. It then sends the data that is 28 months to EDW to be stored for 7-10 years. EDW might also store current items for other teams. RxClaim and Recap drug data is loaded here for use by Quantum Leap (QL). |
| **EFT** | Electronic Funds Transfer | Electronic check processing, also known as Electronic Funds Transfer (EFT) or Automated Clearing House (ACH). Allows the beneficiary to pay for premiums via a checking or savings account on a recurring basis.  **Notes:**   * SilverScript beneficiaries can access and print the EFT form:  [www.SilverScript.com](http://www.SilverScript.com) SNAGHTML1107f639 Documents SNAGHTML1107f639 Automatic Bank Withdrawal Form.   CCRs cannot obtain the beneficiary’s banking info for Premium Billing Electronic Funds Transfer (EFT/ACH) Payments over the phone.  This includes changing bank account numbers for current Stock ID of EFT. Electronic Funds Transfer (EFT/ACH) Payment requests and/or updates are only handled with the beneficiary’s signature and voided check or savings account deposit slip. |
| **EGHP** | Employer Group Health Plan | Employer Group Health Plan |
| **EGWP** | Employer Group Waiver Plan | A type of plan that the Plan Sponsor (employer, union group, etcetera) may use to provide MED D coverage to their beneficiaries.  Also known as 800 series plans or placeholder plans, EGWP plans are usually filed with the Centers for Medicare and Medicaid Services (CMS) as a Basic Plan but must be reported as an Enhanced Alternate Benefit Plan. Accumulations may be based on a calendar or non-calendar year and a Plan Sponsor may have as many EGWPs as desired. |
| **EHB** | Essential Health Benefits | A set of health care service categories that must be covered by certain plans, starting in 2014.  The Affordable Care Act (ACA) ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Exchange/Marketplace, offer a comprehensive package of items and services, known as essential health benefits.  Essential health benefits must include items and services within at least the following 10 categories:   * Ambulatory patient services * Emergency services * Hospitalization * Maternity and newborn care * Mental health and substance use disorder services, including behavioral health treatment. * Prescription drugs * Rehabilitative and habilitative services and devices * Laboratory services * Preventative and wellness services and chronic disease management * Pediatric services, including oral and vision care.   Insurance policies must cover these benefits in order to be certified and offered in the Health Insurance Exchange/Marketplace, and all Medicaid state plans had to include coverage of these services by 2014.  **Note:** The inclusion of prescription drugs as a category does not mean that ALL prescription drugs are covered as essential health benefits, but rather, that prescription drug coverage must be included in a plan. Plans may still include network and formulary requirements. |
| **EHR** | Electronic Health Record | Medical record for a patient that is electronic. |
| **Elig**  **or**  **ELG** | Eligibility | When a person has qualified/met certain condition (employment/enrollment/payment) that qualifies them to use benefits.  The Eligibility feature is utilized by our PBM to limit the financial responsibility for covering dependents while focusing resources on individuals with a greater need for coverage given a dependent should be covered by their own plan sponsors by a certain age. |
| **EO** | Eligible Organization | An organization opposed to providing some or all contraceptive services required to be covered per the Affordable Care Act (ACA) on religious objections. The organization operates as a religious, non-profit entity. They self-certify with CMS. |
| **EM** | Eligibility Management Team | Client-specific team to assist member with eligibility concerns. |
| **EMA** | Exception Management Application | A workflow tool used to manage enrollment errors, TRC’s, print events, and other fallout from Medicare part D activities. |
| **EID** | Employee ID Number | Used to identify an Employer level ID Number. The GP #1 field in RECAP, a 9-character field, often carries this number if needed. |
| **EMR** | Electronic Medical Records | Also known as e-PHI. |
| **EOB** | Explanation of Benefits | Documentation provided to the member explaining how benefits were calculated, and showing the breakdown, dollar by dollar, of how much was paid by whom.  These are the accompanying paperwork that are mailed with checks to explain to the member or provider exactly how much the payer is allowing to be paid on each individual benefit or item purchased. |
| **EOC** | Evidence of Coverage Booklet | This booklet gives the details about the Medicare prescription drug plan for the current plan year.  The EOC is a legal document and should be retained by the beneficiary. |
| **EOD** | End of day | Usually refers to the time that a business closes for the day. |
| **EOE** | Executor of Estate | Executor of an estate. |
| **EOM** | End of Month | Signifies something done at the end-of-the-month. Such as signify a cardholder’s coverage is effective through the end-of-the-month rather than terminating say on their birthday that might fall on another day in the month. |
| **EOTF** | Eligibility On The Fly | One of the ways that beneficiaries sign up for the Drug Discount Card Program. |
| **EOY** | End of Year | Signifies something to be done at the end-of-the-year. In prescription benefits, it signifies that a cardholder’s coverage lasts through the last day of the current year. |
| **ePA** | Electronic Prior Authorization | Physicians enrolled with an authorized ePA vendor can submit a Prior Authorization request online through the vendor’s site. |
| **EPCS** | Electronic Prescribing of Controlled Substances | Name of 2014 Mail and Specialty controlled substance eRx upgrade project. |
| **ePHI** | Electronic Protected Health Information | Electronic Protected Health Information is PHI that is transmitted or maintained in electronic form.  Protected Health Information (PHI) is defined as any information about an individual, including demographic information, that is:   * Created or received by the healthcare provider, health plan or clearinghouse. * Relates to past, present or future physical or mental health condition of an individual, provision of health care to the individual, or payment for the provision of care to the individual. * Identifies the individual or includes enough information about the individual so that there is a reasonable basis to believe that the information can be used to identify the individual. |
| **EPO** | Exclusive Provider Organization | A hybrid health insurance plan in which a primary care provider is not necessary, but health care providers must be seen within a predetermined network. Out-of-network care is not provided, and visits require pre-authorization. |
| **EPOC** | External Point of Contact | A person who is handling communication for a situation outside of CVS Health. |
| **EPR** | Electronic Participant Record | Computerized Participant Record or Longitudinal Medical Record. This term refers to the capture, reporting and maintenance of a member’s complete medical health record using electronic technology. |
| **ER** | Extended Release | Designed to slowly release a drug in the body over an extended period of time, especially to reduce dosing frequency. |
| **ERC** | Error Return Codes | Codes that identify specific errors. |
| **ERISA** | Employee Retirement Income Security Act | Federal law that sets minimum standards for retirement and health benefit plans in private industry. |
| **ERT** | Enrollment Research Team | **The team that researches and provides information regarding member enrollment. This information is used in decision making across the company.** |
| **eRx** | Electronic Prescription | **Appears in the order screen/received mode.** |
| **ESC** | Escalation | This is an issue that has gone beyond traditional communication and needs to be addressed immediately.  “Escalation” indicates an issue that requires **immediate** action by the Privacy Office, including (but not limited to) the following **Examples:**   * Caller is threatening legal action. * Caller is threatening to contact the media. * Caller is threatening to contact other members. * Caller refuses to return another person’s information they received in error. * Caller is highly agitated or demanding immediate action. * Our Web portal profile includes PHI for another individual not linked to the account. * Caller is requesting a designated record set.   **OR**  When a CCR has exhausted all resources to assist but the issue cannot be resolved and the beneficiary requests to escalate the call.  **Examples:**   * Beneficiary continues to insist on speaking with a Supervisor. * Beneficiary threatens to contact CMS and complain. * Beneficiary requests to speak to President of the company, etcetera. |
| **ESRD** | End Stage Renal Disease | End stage renal disease (ESRD) is the last stage (stage five) of chronic kidney disease (CKD). |
| **ET** | Eligibility System | The database file containing information about each of our cardholder including their dependent coverage, effective, and termination dates for benefit coverage. |
| **ETOH** | Ethanol | This is a form of alcohol. |
| **EU** | European Union | International organization comprising of 27 European countries and governing common economic, social, and security policies. |
| **EXP** | Expires or Expiration | The date in which a prescription/medication is no longer valid/good. Can also refer to the date which a credit card is valid. |
| **EXP Rx** | Expired Prescription | A prescription that cannot be legally filled due to a date that is no longer valid.  Non-controlled prescriptions expire after one year from the date written. Controlled medications have varying expiration dates, depending on state/federal regulations but cannot exceed 6 months from the date written. |
| **EC** | ExtraCare Card | Provides Rewards called ExtraBucks:   * Members can earn 2% back on purchases made at any CVS Pharmacy store or online at CVS.com which are converted to ExtraBucks. * In addition, 5 ExtraBucks are earned for every ten prescriptions plus you can earn Pharmacy & Health Rewards:   Members must enroll in Pharmacy and Healthy Rewards either in store or online. HIPAA acknowledgment must be signed which will allow them to be enrolled for the next 5 years.   * + - Immunizations count as 1 prescription credit.     - 90-day fills count as 3 prescription credits     - Enroll in Online prescription management (can earn only once)     - Enroll to receive refill reminder emails (can earn only once)     - Enroll to receive Ready Text Messages (can earn only once)     - ExtraBucks are issued within 1 week of earning 10 credits. * ExtraBucks are earned on selected brands advertised in the CVS Pharmacy weekly ads. * ExtraBucks earned on front store purchases will print out every 3 months (Quarterly, beginning the 1st of Jan, Apr, Jul, and Oct) on your store register receipt, at the in-store coupon center or can be printed online at CVS.com. * ExtraBucks can be used at CVS Pharmacy, or online at CVS.com.   **Note:** ExtraBuck rewards on prescriptions filled are limited to $50 per year (Jan-Dec), per person. If a member questions this limit, warm transfer to **1-800-SHOP-CVS** (**1-800-746-7287**), option **2** for ExtraCare. |

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| **Term** | **Definition** |
| Early Refills | Usually expressed in percentage form, this signifies the amount in days of the last dispensed prescription which must be utilized before the Plan will consider payment for a refill prescription. |
| Edits | Instructions for pharmacists, members, or prescribers transmitted electronically through points-of-service (POS) technology as prescription is being filled. |
| Effective Date | Date the client became active with us. Dates of subsequent plan design changes are not noted here. |
| Eligibility Mode | Refers to the type (level) of eligibility maintained in the eligibility files.  **Examples:**   * **Standard -** **Employee-Based Eligibility:**  9-digit cardholder ID, number. No individual plan member tracking. * **EDEN (Employee Dependent Embossed Names) Plan member Based Eligibility:** 11-digit ID number, consisting of 9- digit cardholder ID number, plus 2- digit Suffix Code for each covered family plan member to facilitate individual tracking. * **Match Eligibility:**  9-digit cardholder ID number on card with 11-digit ID number on the Eligibility file. We edit for Birth date and Sex in addition to ID. |
| Eligibility Provider | Refers to the organization that provides member and dependent coverage date.  Sometimes the eligibility provider is the client’s benefits office, and sometimes the eligibility provider is an independent contractor hired by the client to manage this information. |
| Eligibility Reject Report | A file created to facilitate resolution of Eligibility issues. |
| Eligibility Status | Current status of the member (cardholder) in relation to the plan. Some possible status conditions are:   * Active = Current member * Retiree = Retired from the organization sponsoring the plan, but still eligible for benefits. * COBRA = No longer employed with the plan sponsor, but still eligible for benefits. |
| Eligibility Verification | Determining if a member or insurance group member is entitled to the benefits for which they are requesting payment. |
| Election Period | A period when a beneficiary can enroll or disenroll in a prescription drug plan based on a specific set of criteria as set by CMS.    **Examples:**   * Annual Election Period * Special Election Period |
| Emergency Request | Require vice president approval along with business impact justification for system access issues.  These are processed by IT-Security within 1 business day of receipt, provided all documentation and approvals are in order. |
| Embedded Deductible | An individual is only required to meet the individual deductible before the plan benefits are paid. All other individuals on the family plan must pay until their individual or family deductible has been satisfied.  If this individual deductible is less than the family deductible required by the IRS, then the plan does not qualify as an HDHP and is not eligible for the HSA tax savings.  I will take a look at your plan design to determine if the deductible is impacting the price of your medication. |
| Enrollment Portal | **Portal** Silver Script’s primary online platform used for enrollment data entry by call center personnel, external agents, and Enrollment operations team members. The Portal functionality ensures compliance with CMS guidance related to agent certification, licensing, appointments, and compensation. Additionally, the Portal is a resource for plan offerings, marketing tools, and enrollment reports. |
| Episode of Care | Treatment for a diagnosis rendered within a defined time frame.  **Example:** The time between admission and discharge from a hospital. |
| ERR Command Center | [ERR\_Command\_Center@CVSHealth.com](mailto:ERR_Command_Center@CVSHealth.com) **(ERR has a portal in MyLife page under Tools & Service Tab).** |
| ERR Team | **CVS Health Operations Center, Enterprise Response and Resiliency.** |
| Evidence Based Medicine | Integration of the best critically appraised research evidence with clinical expertise and member values. |
| Exception | There are three main types of Exceptions.   1. **Tiering Exception (TE):** Request for coverage of a non-preferred drug in a higher cost-sharing tier at a lower cost-sharing tier. 2. **Formulary Exception:**  (3 classifications)    1. **Non - Formulary:** Request for coverage of a medication that is not on the plan’s formulary.    2. **Quantity Limit (Dose):** Request for coverage of a medication that exceeds the plan’s current dosage restriction limit.    3. **Step Therapy:** Request for coverage of a medication without trying the alternate formulary drugs first.   3. **DAW Exception (DAW):** Request to waive the DAW rule when a brand is medically necessary. |
| Excessive Utilization | A Drug Utilization Review (DUR) edit to determine if a drug has been claimed before previously dispensed quantities of the same drug have been exhausted or nearly exhausted. If a claim fails this edit, payment for the claim is denied, and an advisory message indicating claim denial for Excessive Utilization is returned to the pharmacy. |
| Exclusions | List of drugs that are not to be covered under a client’s specific client plan. |
| Exclusive Specialty Clients | Exclusive Specialty Clients are clients whose members must use CVS Specialty in order to obtain any specialty medication. |
| Expatriate | Citizen who has left his or her own country to live in another, usually for a prolonged period. |
| Expedited Customer Care System Access Request | Require director or above approval. These are processed by IT-Security within 2 business days upon receipt, provided all documentation and approvals are in order. |
| Experimental/Investigational Drugs | Health care services or pharmaceutical products that are determined by a health plan to be either:  a. not proven effective by scientific evidence or  b. not generally accepted as effective in standard medical practice. |
| Expiration Date | Date eligibility expires or becomes due for renewal. This date is supplied by the plan sponsor. Coverage actually expires at midnight on the day prior to the expiration date. |
| Expressed Consent (Consent to Ship) | Medicare D plans have to get beneficiaries approval to deliver a prescription (new or refill) unless the beneficiary asks for the refill or requests the news prescription.  **Exception:** Members who have a recent history of mail order use with us don’t have to provide expressed consent. New members who join with no previous mail order automatic shipment experience with us will have to provide expressed consent. |
| External Adjudicator | An organization, other than the Prescription Benefits Manager, contracted by the Client to review and adjudicate prescription claims. |
| Extra Help | The low-income subsidy (LIS) or Term referring to Low Income Subsidy. |

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