# Customer Care Abbreviations, Definitions and Terms - F

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

1. Abbreviation, Term and Definition
2. Term and Definition

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

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| **Abbreviation** | **Term** | **Definition** |
| **FAW** | Fill As Written | Fill the prescription as the doctor originally wrote. |
| **FB** | Fax back | A service that can fax a document automatically on request, in response to the fax number (and sometimes other details) being entered into a database by telephone or email. |
| **FBDE** | Full Benefit Dual Eligible | Medicare Beneficiaries who are enrolled in a Medicaid program that provides Medicaid health coverage, as well as assistance in paying the Beneficiaries’ Medicare premiums and cost-sharing. |
| **FBG** | Fasting Blood Glucose | A method for learning how much glucose (sugar) there is in a blood sample taken after an overnight fast. |
| **FBS** | Fasting Blood Sugar | A method for learning how much sugar there is in a blood sample taken after an overnight fast. |
| **FC** | False Cutback | Refers to process in PAF where a prescription dispense quantity is changed to what is allowed per prior approval design. |
| **FCR** | First Call Resolution | A goal within the customer care team to promote solving a caller’s issue on the first call to avoid them having to call back later for the same issue. |
| **FCRT** | First Call Resolution Team | Also known as Senior Team or SRT Listed in Five9 as 010 in the call catalogue. |
| **FCI** | Flexible Copay Incentive | Allows clients to offer their plan members a lower or waived copay for choosing a plan specified recommended drug (with their prescriber authorization).  This incentive is client-specific so NOT all clients will offer be offering it. |
| **FD** | Front Desk | Team at the physical CVS Caremark office who assists with system issues or termination of a colleague. |
| **FDA** | Food & Drug Administration | Federal agency that controls the development, manufacturing, marketing and distribution processes of drugs. |
| **FE** | Facilitated Enrollment | Other LIS individuals who have not elected a Part D plan will be facilitated into one by CMS. |
| **FED** | Front End Deductible | A front-end deductible, also known as an excess, is a sum of money that a person agrees to pay towards the cost of hospital treatment in exchange for lower premium costs. Also refer to Deductible. |
| **FEDEX** | Federal Express | A shipping company that delivers packages |
| **FEF** | Full Enrollment File | Contains all active membership for a plan on the date the file was run. This file is used for monthly enrollment reconciliation processing. |
| **FEP** | Federal Employee Program | The prescription benefit plan provided to the Federal Government Employees. |
| **FERAS** | Front End Risk Adjustment System | Adjustment system that identifies risks on the front end of the pharmacy. |
| **FF** | 1st Fill or 1st MOR Fill | The first time a prescription is being filled in general or at the mail order facility. |
| **FFL** | Future Fill | The queue in which a prescription is placed until eligible to be filled based on time passed since a previous fill of the same medication. |
| **FFS** | Fee for Service | Traditional indemnity reimbursement method where member pays for pharmaceutical and medical service upfront and files for insurance reimbursement later. Providers are paid a fee for each service they deliver. |
| **FFX** | Fairfax | A software database used in the Regional Order Creation Center (ROCC). |
| **FIPS** | Federal Information Processing Standard | A government computer security standard used to accredit cryptographic modules. |
| **FIR** | Financial Information Reporting | Used to signal an adjustment to the beneficiary’s TrOOP (**Examples:** Carryover from previous Part D plan, claims reconciliation, etc). |
| **FML** | Follow Me Logic | Designed to track beneficiary history when they move from one account within CVS Caremark’s system to another. The history is tracked through the use of Universal IDs, which uses Follow Me Logic in order to track a member’s claims from carrier to carrier. |
| **FMLA** | Family Medical Leave Absence | A type of Leave of Absence that was approved by the Family and Medical Leave Act that is designed to allow employees to balance work and family or medical issues without risk of being unemployed. |
| **Fmly** | Family | Entirety of related persons. |
| **FNB** | Fax Number Busy | When attempting to contact the doctor via fax, the line was busy and question unable to be sent. |
| **FOIA** | Freedom of Information Act | Enacted on July 4, 1966, and taking effect one year later, the Freedom of Information Act (FOIA) provides that any person has a right, enforceable in court, to obtain access to federal agency records, except to the extent that such records (or portions of them) are protected from public disclosure by one of nine exemptions or by one of three special law enforcement record exclusions. A FOIA request can be made for any agency record. Before sending a request to a federal agency, [you should determine which agency](http://www.foia.gov/report-makerequest.html) is likely to have the records you are seeking. Each agency’s website will contain information about the type of records that agency maintains.  **Source:**  <http://www.foia.gov/about.html>. |
| **FOT** | Filling On Time | Member is taking the medication as prescribed and there is not a time gap between medication refills. |
| **FNB** | Food and Nutrition Board | Board that oversees food and nutrition |
| **FPO** | Fleet Post Office | Associated with Navy installations and ships. |
| **FRC** | Forced Conflict (Clarify Information-Manually Forced) | The queue in which a prescription is placed when clarification needs to be made with the doctor’s office. This is manually placed there by a person after reviewing the prescription. |
| **FRM** | Formulary Med D Queue | The queue in which a prescription is placed when there is an alternate listed medication in the same therapeutic category for the Medicare D plan. |
| **FRP** | Formulary Product | This conflict forms due to a closed formulary listing by the client. |
| **FRX** | Forced Conflict (Clarify Information-System Forced) | The queue in which a prescription is placed when clarification needs to be made with the doctor’s office. This is automatically routed there by the system after prescription entry has occurred. |
| **FS** | Financial Services | Area of the company that handles the accounting of the books, accounts receivable, accounts payable, payroll, etc. |
| **FSA** | Flexible Spending Account | Some companies allow their employees to participate in an FSA program by setting aside pre-payroll tax dollars for health-related and medical expenses.  <http://www.cvs.com/content/fsa> |
| **FSBG** | Fingerstick Blood Glucose | The test involves sticking the member’s finger for a blood sample, which is then placed on a strip. The strip goes into a machine that reads the blood sugar level. |
| **FSBS** | Fingerstick Blood Sugar | The test involves sticking the member’s finger for a blood sample, which is then placed on a strip. The strip goes into a machine that reads the blood sugar level. |
| **FSOC** | Financial Statement of Cost | Total dollar amount the member was charged for their medications for a given time frame. |
| **FST** | Fast Start | A new prescription program where the prescriber may initiate a new prescription to be processed with the PBM. Usually done via phone call (800-378-2399). Fax is also an option (800-378-0323). |
| **F/U** | Follow Up | The prescriber has requested the member return to office to monitor progress or a follow-up was made on a pending issue. |
| **FTC** | Federal Trade Commission | The Federal Trade Commission is an independent agency of the United States government whose principal mission is the enforcement of civil U.S. antitrust law and the promotion of consumer protection |
| **FTE** | Formulary Tier Exception or Full Time Equivalent | Full Time Equivalent: Person that is considered available for work a minimum of (40) hours per week. |
| **FTR** | Failed Transaction Report | A report that shows transactions that did not process. |
| **FTS** | Full Time Student | Student in higher education as their primary activity. |
| **FSA Eligible** | Flexible Spending Account Eligible | Items eligible for a Flexible Spending Account. These may include:   * Medical supplies * Vitamins * Over-the-counter health and personal care products   More information can be found here: <https://www.cvs.com/shop/merch/FSA?widgetID=mlmy0rle&mc=0>. FSA-eligible items are also indicated on CVS Pharmacy store receipts. |
| **Fut** | Future | A time in the near distance. |
| **FWD** | Forward | Indication of moving a question to another area. |
| **FY** | Fiscal Year | Normally an “accounting” period of 12 months. |

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| **Term** | **Definition** |
| FACETS | Our Beneficiary Eligibility System hosted by TriZetto. |
| Facilitated Enrollment | Enrollment process for those who automatically qualify for Extra Help because they get Supplemental Security Income (SSI) benefits or get help from their state paying their Medicare premium (they belong to a Medicare Savings Program).   * It also includes those enrollees who apply with the Social Security Administration or their state for Extra Help. |
| Fair Market Value | It is the value in arm's-length transactions, consistent with the general market value.   “General market value” means the compensation that would be included in a service agreement as the result of bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party. In other words, it is the price an informed buyer is willing to pay without being influenced by a kickback or other incentive to pay an unfair price. |
| Family Deductible | Number of times the deductible out of pocket expense is paid for health services by a specified number of family members before ALL deductible requirements for the family are considered met and benefits are paid by the Plan. |
| Family/Two Party Account Type | Search criteria used to retrieve accumulators at a family level. This field should not be used for High Deductible Health plans. |
| Favorable Good Cause Determination | Advises the beneficiary that the plan has approved a Good Cause Reinstatement for the beneficiary provided all past due amounts are paid to the plan. |
| FAZAL | Our Part D Services Medicare Enrollment Application Processing System; allows for notes to be added regarding missing information or changes. |
| FastRefill IVR | Number printed on Rx label (1-866-601-9090) for placing quick and easy orders  **Note:** Some clients have opted out of the FastRefill IVR. These impacted members will have the standard IVR phone number for the client printed on the prescription bottles instead of the FastRefill number. |
| FastStart Photo Rx | Photo Rx is a program that allows the member to submit images of their hardcopy prescriptions or pill bottles to the Member Services Team.  Member Services team requests new Rx’s from the Prescriber for processing. Prescriptions are submitted using our Mobile App which is available on iPhone/Androids/iPads/Droid Pads. Controlled, Specialty and Lifestyle medications are not included in this program. |
| Fill and Bill | If a client chooses to have the Fill and Bill option available for their members, we will fill the prescriptions and bill the member for the order. When placing the order through the Order Placement button in PeopleSafe, there will be a bill participant button on the Refill Summary screen.  The invoice in the order will reflect the amount owed for the order.  Check the CIF for availability of this option under the Client Specific Process section. |
| Federal Legend Drug | Drugs that, by federal law, require a prescription. The drug is considered a legend drug because it is Habit-forming, Toxic or has potential for harm, and Limited in its use to use under a practitioner's supervision. |
| Fertility Drugs | Agents which enhance ovulation. |
| FILENET | A tool the MED D Customer Care Representative (CCR) can use to view outbound (faxed or mailed) correspondence to MED D beneficiaries. |
| Fill Date | Refers to the date that the prescription was filled or dispensed. |
| Fill Limit | A PBM may maintain quantity limits on prescriptions; these limits may change at any time and depend on the type of medication, local laws, or insurance company policies. For example, as per the Federal Controlled Substances Act, Schedule II medications may not be refilled, and a new RX must be written for every fulfillment. Some providers also have a Cumulative Refill Limit which may require a certain percentage of a given medication remaining before a refill can be initiated, so be sure to consult the appropriate CIF for specific details. |
| Financial Statement of Cost | This is a request that requires us to supply only the total dollar amount the member was charged for their medications for a given time frame.  A Financial Statement of Cost report includes the following columns of information: Pharmacy Name, Fill Date, Total Gross Cost, Total Member Cost, and Total Net Cost. |
| Financial Related Information | All payment related data, including credit and debit card account numbers, card expiration dates, bank account and routing information. |
| First Data Bank | Subsidiary of The Hearst Corporation. It is one of the leading providers of electronic drug information to the healthcare industry. Medispan is one of its competitors. |
| Fix | Temporary action to keep things going. A fix addresses the consequences of the problem, not the root cause(s). |
| Formulary | List of approved or recommended drugs, with additional information. Those drugs deemed to be the most effective and economical.  A list of preferred brand drugs (grouped by therapeutic category) compiled by a group of our pharmacists and prescribers. Formulary drugs are selected for their ability to meet a member’s therapeutic needs at a lower cost.  The Preferred Drug List is periodically updated to provide a cost-effective list of medications that have been clinically proven to meet members’ needs. Products may be deleted if they become available generically, receive over the counter (OTC) approval, are discontinued by the manufacturer, have other Preferred Drug List alternatives that continue to meet our members’ needs, or can be replaced with clinically similar alternatives that provide a more favorable cost advantage.  In general, we produce a printed Preferred Drug List document twice a year.  May be confused with Preferred Drug List. A formulary is a comprehensive list of all drug products reimbursable by a benefit plan. An open formulary will allow payment for drugs not included on a list. This is essentially a list of drugs that the insurance plan prefers physicians to prescribe based on cost effectiveness and quality standards. A closed formulary indicates that payment will be made only for those products on the list.  • Open formulary: Non-formulary products are covered at a defined level  • Restricted formulary: Some therapeutic classes and drugs are only covered under special considerations  • Closed formulary: Non-formulary products are not covered |
| Formulary Design | Refers to a listing of drugs that have specific parameters for payment. There are several types of formulary designs.  **Closed** - A list and/or classes of pharmaceutical substances, which the coverage and administration of a drug benefit plan is either limited or restricted.  **Custom** - A list and/or classes of pharmaceutical substances tailored upon the request of a client’s drug benefit plan.  **Open** - A general purpose list and/or classes of pharmaceutical substances maintained and recommended by us for the purposes of administering a drug benefit plan.  **Mixed Formulary** - Coverage is open with some closed classes.  **Note:** A Formulary list may be set up as a “positive” formulary which lists drugs that are included or a “negative” formulary which lists the drugs that are to be excluded. The most common approach is the positive formulary. |
| Formulary Exception | Request for coverage of a medication that is not on the plan’s formulary. |
| Formulary Management | Our preferred drug program is developed through clinical and regulatory analysis by our National Pharmacy and Therapeutics Committee targeting both mail and retail settings.  It is comprised of drugs that provide clinical benefit to the member as well as organizational benefit to the client. |
| Formulary Program | Formulary programs, now commonly referred to as Drug Lists, are designed to provide you with options in prescription selection that may encourage you to use more cost-effective medication when appropriate and available. The brand name drugs listed in the Formulary are a preferred list of drugs that are selected based on their ability to meet member needs, usually at a lower cost. Overall, Drug Lists provide savings to our clients.  Manage out of pocket cost by understanding the co‑payment structure.  **Open:** An “open” plan has no “preferred product” restrictions. The two-tier program consists of generic and brand medications. Co‑payments may be “flat” (generally a fixed amount for generic products, and a higher fixed amount for brand-name products; however, some plans still have one co‑payment amount for all prescriptions), or co‑payments may be structured as a percentage of the actual cost of the medication. In addition to the traditional “open” programs, there are clients that do something a little different, and arrange a percentage co‑payment with a minimum/maximum amount for generics and brands. For example, we have a client that at retail (POS), charge a 25% Brand co‑payment with a $10 minimum and $50 maximum charge amount, and a 25% Generic co‑payment with a $5 minimum and a $25 maximum charge amount.  **Incentivized:** An “incentivized” plan encourages prescription plan members to use preferred products by setting a lower co‑payment amount for preferred products, and a higher co‑payment amount for non-preferred products. Generally, co‑payments are structured as follows:   * $xx (lowest co‑payment amount) = generic products * $xx (middle co‑payment amount) = preferred products * $xx (highest co‑payment amount) = non-preferred products   When a prescription is dispensed for a non-preferred product that has no preferred equivalent, the client determines which copayment amount (middle or highest) will be charged.  **Closed:** A “closed” formulary plan does not cover non-preferred products |
| Fraud | Means that an individual has set out to obtain something of value by intentional acts of deception, misrepresentation, or concealment. The falsification can include alteration, exclusion, or misrepresentation of necessary information. Common fraud allegations are prescription fraud, identity theft, financial fraud (**Example:** Unauthorized use of a credit/debit card or bank account) or other personal identification / confidential member related information misuse. Reports may come from a member, non-member, pharmacy, doctor office, law enforcement and may be anonymous. |
| Framed View Members | Framed view members will not see the PBM logos, limited options, and not have the traditional home page. This limited view will be seen whether they register or sign on directly from our site or complete their registration or sign on from the primary client’s site. |
| Fulfillment Automation | Automated fulfillment is the implementation of technology and resources to automatically manage the fulfillment process, which helps to speed up processes, save time, and reduce human error. |
| Fully Insured | When a business decides to shift the financial risk of health care benefits to an insurance company.  **Example:**ABC Company does not want to manage or be financially responsible for their employee’s healthcare benefits. They will purchase insurance benefits with Humana. Humana will manage ABC Company’s health care benefits and be financially responsible. Humana may lose or make money, based on claims, but ABC Company will have no financial responsibilities. |
| Full Date | The earliest date a Therapy Protocol medication can be filled for its Full Amount  Last Date of Fill + # Protocol Days = Full Date |
| Full Enrollment File | A monthly Transaction Reply Report (aka TRR999) provided by CMS, on or around the 25th of each month. The TRR contains the Part D clients’ active beneficiaries as of the cutoff date for that month, according to CMS MMR schedule. |
| Full Quantity | The maximum quantity of medication allowed per Therapy Protocol guidelines. |
| Funds Paid Credit | The amount owed balance (amount remaining to be paid by a member.) |
| Future Eligibility | * Effective Date is showing as later than today’s date. Member and Family are not Eligible until the Future Effective Date * CIF may still exist with plan information and possibly a Universal ID for Test Claims, etc. * The CCR can review TheSource to see if the Client has been added. If added, the CCR will follow directions on Eligibility procedures and may contact the Senior Team for assistance. |
| Future Tip Conversion | Prescriber approves TIP change to prescription after original order has shipped. Pharmacy will discontinue Rx and add comments at Rx level reporting Future TIP conversion. Do not reject. |

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