# Customer Care Abbreviations, Definitions and Terms - H

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

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

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

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| **Abbreviation** | **Term** | **Definition** |
| **H** | Hour | The measurement of time. |
| **HBS** | Health Business Systems/SPARCS | Specialty System (used for new patient enrollment and ties into HBS). Main platform where prescription information is entered manually into the system. Used in Monroeville Specialty Pharmacy. Have 5 or 6 specialty retail using HBS. Most retail is using RxConnect. |
| **HCC** | Hierarchical Condition Category | A system that uses ICD-10 coding to assign patients a Risk Adjustment Factor (RAF) score. |
| **HCFA** | Health Care Financial Administration | Agency within the Department of Health and Human Services administering the Medicare and Medicaid programs.  This is a division of the federal department of health and human services that oversees administration of the Medicare and Medicaid programs. |
| **HCPCS** | HFCA Common Procedures Coding Systems | List of codes used by providers to describe medical services the render. The HCPCS, recognized by government and private insurers, includes cpt-4 codes, supplies or procedures not listed in cpt-4, and local codes. |
| **HCR** | Health Care Reform | Also known as ACA, the Affordable Care Act. Government-regulated Marketplaces are available and offer standardized health care plans that anyone can access to purchase health insurance.  Some people, based on household income, may also be eligible for a federal subsidy to help pay for this coverage. |
| **HCTZ** | Hydrochlorothiazide | This is an abbreviation of the generic drug named hydrochlorothiazide. |
| **HEE** | Health Engagement Engine | The Health Engagement Engine™ (HEE™) technology helps deliver innovative health care solutions to our members as part of our enterprise goal of being a pharmacy innovation company. The general vision for HEE is to help members on their path to better health by:   * Uniquely identifying the patient across the company * Understanding their needs * Identifying cost-savings, health improvement and convenience opportunities * Delivering member-specific opportunities |
| **HD** | High Dose | This is a dose that is above the recommended daily allowance set by the manufacturer. |
| Help Desk | Pharmacy Help Desk receives calls from and assists pharmacies on questions or problems that may arise in submitting claims to either our RECAP or RxClaim system. |
| Home Delivery |  |
| **HHS** | Health and Human Services | THE DEPARTMENT OF HEALTH AND HUMAN SERVICES is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.  THE DEPARTMENT INCLUDES MORE THAN 300 PROGRAMS, covering a wide spectrum of activities. Some highlights include:   * Health and social science research * Preventing disease, including immunization services * Assuring food and drug safety * Medicare (health insurance for elderly and disabled Americans) and Medicaid (health insurance for low-income people) * Health information technology * Financial assistance and services for low-income families * Improving maternal and infant health * Head Start (pre-school education and services) * Faith-based and community initiatives * Preventing child abuse and domestic violence * Substance abuse treatment and prevention * Services for older Americans, including home-delivered meals * Comprehensive health services for Native Americans * Medical preparedness for emergencies, including potential terrorism*.* |
| **HICN** | Health Insurance Claim Number | Identification number found on the beneficiary’s Medicare Health Insurance Care (red, white, and blue Medicare card). Refer to [MBI](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89507380-dd73-4c92-9fee-ec1bde688dd6). |
| **HIPAA** | Health Insurance Portability and Accountability Act | A part of the law in which a member’s health information is protected.  This is federal legislation that contains key provisions affecting health plans. The law (a) Improves portability of employer-sponsored insurance from one job to another, (b) Banns exclusion of people from coverage for preexisting conditions and offers some tax deductions to self-employed individuals, and (c) Affirms the privacy of medical information and requires the U.S. Department of health and Human Services to determine an optimal approach to maintaining security of electronic record information transfer in the health care system. HIPAA privacy regulations generally became effective in 2005. |
| **HDHP** | High Deductible Health Plan | Members typically pay less for coverage but will have higher deductibles and out-of-pocket maximums as compared to traditional plans. This means the member must pay more out-of-pocket before the co-insurance or copayments come into effect. |
| **HL** | History Load | Occurs when a client starts with us and the claims from the other PBM are loaded into our system. When a new client starts with us or when current client is migrated to another system, the member’s claims, from the previous adjudication system, are load into the current adjudication system as historic information. These claims are known as the History Load. |
| **HIX** | Health Insurance Marketplace or  Health Insurance Exchange | A transparent and competitive health insurance marketplace where individuals, families, and small businesses can learn about their health coverage options, compare health insurance plans based on costs, benefits, and other important features, choose a plan, and enroll in coverage.  The Marketplace also includes information on programs that help people pay for coverage, including ways to save on monthly premiums and out-of-pocket costs, and other programs like Medicaid and the Children’s Health Insurance Program (CHIP). Individuals and families can apply for coverage online, by phone, or with a paper application.  **Note:**  The Affordable Care Act requires two types of public Exchanges:   * An Individual Exchange through which consumers can purchase health insurance products on an individual or family basis. A Small Business Health Options Program (SHOP) Exchange through which a small business employer can purchase coverage for its employees.   Individual and SHOP exchanges / marketplaces may be run by a state government, by the federal government, or in a partnership agreement between the state and federal governments, where responsibilities are divided between the two. The government running the exchange determines how citizens gain access. A Federally Facilitated Exchange (FFE), also known as a Federally Facilitated Marketplace (FFM), is one that uses healthcare.gov to help citizens sign up for a plan. State Based Exchanges (SBE), also known as State Based Marketplaces (SBM), each use their own website, unique to their state’s program. |
| **HLD** | Hold | As is in placing a call on hold.  **Warm Transfers**, it is acceptable to place on hold  **Research Issues**: Keep member on the line and talk through research activity instead of placing on hold while performing research |
| **HMO** | Health Maintenance Organization | Organization which provides total health care service for its plan members.   * A **closed panel HMO** hires its own prescribers, operates its own pharmacies and labs and contracts with hospitals. * An **open panel HMO**, **or** Individual Practice Association **(IPA)**, contracts with various providers in the community and does not have its own pharmacies and labs. This is known as Group Practice.   An HMO is intended as an alternative to group Major Medical insurance plans. Eligibility records are maintained for each covered family plan member. (Health Maintenance Organization Act of 1970).  **Or**  An organized health care system that is responsible for both the financing and the delivery of a broad range of comprehensive health services to an enrolled population. An HMO plan is the least expensive of all MCOs but requires the most management. A member under this type of plan must visit prescribers that are assigned by the HMO (called a Network) and usually has to choose a Primary Care Prescriber (PCP). In order for the member to visit a specialist they must have a referral from their PCP. There are four types of HMO’s: Staff Model, Group Model, Network Model and Independent Practitioners Association (IPA). An example of an HMO is Cigna Healthcare. |
| **HMODF** | Health Maintenance Organization Doctor File | VSAM file containing information by HMO carrier number concerning how to process their claims regarding acceptable prescriber or Drug Enforcement Agency (DEA) numbers. |
| **HMS** | Health Market Science | The company that has the master prescriber list. Initially, all prescribers will be sent to this company. They will return a complete record of the prescriber.  That record will be used to identify the Golden Record (the correct prescriber information), the duplicates, and the bad. After the initial scrub, a daily file with all the changes made will be sent for verification. |
| **HNO** | Health Network Only | An insurance plan designed to give in-network-only protection against a catastrophic medical event. Low monthly premiums are traded for a significantly higher deductible. With this plan you take on more out-of-pocket expenses in exchange for lower premiums. |
| **HO** | Hold Order | The order process is stopped for various number of reasons. |
| **HPC** | High Priority Comments | Information that is supplemental to information in the CIF related to the plan. Also, HPC’s can be related to specific members on a plan. These comments **WILL NOT** affect the processing of an order. |
| **HPCS** | Health Plan Client Support |  |
| **HPGST** | High Performance Generic Step Therapy (aka. Preferred Drug Optimization [PDO]) | One of the three different Step Therapy Programs in the Generic Step Therapy Plan Design, including specific prescribed drugs. |
| **HPMS** | Health Plan Management System | A web-enabled information system that serves a critical role in the ongoing operations of the Medicare Advantage (MA) and Part D programs. |
| **HPNS** | Hewitt Packard Non Stop | Our EDI Translator. The internal Gateway designed to accept and take in transactions from participating e-Prescribing Physicians and our internal Adjudication applications. HPNS resides on the Recap HPNS platform in Phoenix, AZ. |
| **HPSM** | Hewitt Packard (HP) Service Manager | Used to enter or submit a Health Ticket. |
| **HR** | Human Resources | The department that handles employee business interactions and relations. |
| **HRA** | Health Reimbursement Account | With a HRA, the member will have funds stored in an account (usually accessible with a debit card) that can be spent on eligible medical and/or prescription expenses. The funds are tax-exempt and provided by the employer. Once the funds in the HRA have been exhausted, the member will be responsible for paying subsequent out of pocket costs. |
| **HRM** | High Risk Medication | The American Geriatrics Society (AGS) identifies the use of this medication as potentially inappropriate in older adults, meaning it is best avoided, prescribed at reduced dosage, or used with caution or carefully monitored.  The Centers for Medicare and Medicaid Services (CMS) has identified HRM with use of the PQA (Pharmacy Quality Alliance) medication list based on the American Geriatrics Society recommendations. |
| **HRP** | HealthRules Payer | System used by Customer Care representatives for Aenta Joint Venture members. |
| **HSA** | Health Savings Account or Health Spending Account | Alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care.  HSA’s enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You own and control the money in your HSA and you decide how to spend the money. |
| **HUD** | Department of Housing and Urban Development | Federal agency developed to increase homeownership, support community development and increase access to affordable housing free from discrimination. |
| **HW** | Hand Written | Typically refers to prescriptions that are written with pen and paper instead of being submitted over the phone or electronically. |
| **HWW** | How We Work | These descriptions define how we all work to achieve our greatest potential, regardless of our role. |
| **HX** | History | The information that the member’s profile shows for past usage. |

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| **Term** | **Definition** |
| High Dollar Co Pay Prescription | Any prescription where the total copay amount due from the member is over the $1000.00 high dollar copay limit.  **Note:** This amount applies to individual prescriptions or the total order dollar amount. |
| Hold | Utilize the Hold button to place caller on hold. |
| Hold Time | Time spent on hold for the corresponding split/skill (corresponds to use of the phone’s Hold function). |
| Hospice | Medical care provided to patients who usually have a terminal diagnosis   * Hospice care is covered as part of Medicare Part A. * While in hospice there are 4 categories of drugs that are potentially not covered as part of Medicare Part D. |

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