# Customer Care Abbreviations, Definitions and Terms – I

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

[Abbreviation, Term and Definition](#Abbreviations)

[Term and Definition](#Terms_deff)

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

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| **Abbreviations** | **Terms** | **Definition** |
| **IA** | Information Asset | Examples of information assets include, but are not limited to, network share drives, role codes, access to specific shared email boxes and access to non-QL systems such as host systems or “green screens”. Many IAs are governed by stewards. |
| **ICEP** | Initial Coverage Election Period | A period of time that begins the three months immediately before you are entitled to Medicare Part A and enrolled in Part B and ends either the last day of the month before you are entitled to Part A and enrolled in Part B or three months after the month of your 65th birthday or the 25th month of receiving Social Security Disability Insurance (SSDI). |
| **IAS** | Information Asset Steward | Specific individuals who are solely responsible for granting access to certain information assets they are assigned. |
| **IBR** | Initial Benefit Review | Is used for any requests received in which the physician is requesting coverage for medications that do not require a Prior Authorization or Exception as allowed by the plan, as described in the Client Information Form (CIF).  **Note:** The Patient Protection and Affordable Care Act (the ACA) requires that members receive written notification of an initial benefit denial explaining the reason(s) for their claim denial, and to provide their appeal rights. The requestor will not be able to request an Appeal prior to an IBR being completed and denied. |
| **I/C** | Incoming Call | Call being received. |
| **IC Mail** | Incoming Correspondence Mail | Mail from external resources |
| **ICEP** | Initial Coverage Election Period | Period of time that begins the three months immediately before you are entitled to Medicare Part A and enrolled in Part B and ends either the last day of the month before you are entitled to Part A and enrolled in Part B or three months after the month of your 65th birthday or the 25th month of receiving Social Security Disability Insurance (SSDI). If you choose to join a Medicare Advantage Plan during this period, the plan must accept you, unless it has reached its member limit. |
| **ICD-9** | International Classification of Disease Clinical Modification Coding System | The official system of assigning codes to diagnoses and procedures. Diagnosis code that may be needed for a Medicare Part B Rebill. For billing and Medical necessity. |
| **ICE** | Incomplete Enrollments | Enrollment applications that are not fully processed due to missing required pieces of information that were not provided in the application process. |
| **ICL** | Initial Coverage Limit | ICL is the second phase in plans that have a deductible and the first phase in plans that do not have a deductible. |
| **ICT** | Inclusive Contingent Therapy | Before allowing a plan member to receive the drug on the claim, the plan member has to use other prescription therapy which can overlap during the specified period of time. |
| **ID Dr** | Identify the Doctor | The doctor on the prescription is in question, need to gather more information in order to determine the doctor. |
| **ID SpvDr** | Identify the Supervising Doctor | The doctor who oversees the prescriber who has written the prescription is in question, need to gather more information in order to determine the doctor. |
| **IEP** | Initial Enrollment Period | Medicare Part D term referring to the enrollment period beginning three months before the beneficiary becomes eligible for Medicare, the month of eligibility and the three months after their Medicare eligibility to enroll in a Medicare Part D plan. |
| **IFN** | InternalFax Notes |  |
| **IFR** | Interim Final Rule | The Drug Enforcement Administration (DEA) is revising its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically.  The regulations will also permit pharmacies to receive, dispense, and archive these electronic prescriptions. These regulations are in addition to, not a replacement of the existing rules. The regulations provide pharmacies, hospitals, and practitioners with the ability to use modern technology for controlled substance prescriptions while maintaining the closed system of controls on controlled substances dispensing; additionally, the regulations will reduce paperwork for DEA registrants who dispense controlled substances and have the potential to reduce prescription forgery.  The regulations will also have the potential to reduce the number of prescription errors caused by illegible handwriting and misunderstood oral prescriptions. Moreover, they will help both pharmacies and hospitals to integrate prescription records into other medical records more directly, which may increase efficiency, and potentially reduce the amount of time patients spend waiting to have their prescriptions filled. |
| **IG** | IntegriGuad, LLC | The Retro-Processing Center (RPC) contracted with Centers for Medicare and Medicaid Services (CMS) to process retroactive Medicare Part D enrollment, disenrollment, and plan change requests. |
| **IHMDS** | Integrated Health Management Deliver System | System to manage and measure health services used by members and/or delivered by providers with the goal of achieving optimum wellness through the most appropriate use of cost-effective medications or services.  Generally, applies to vertically integrated organizations either via contract or ownership, such as a hospital-centered health care delivery network in a geographic region. |
| **IHS** | Indian Health Service | The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.  This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives who are members of 566 federally recognized Tribes across the U.S. |
| **ILLEG** | Illegible | Unable to be read, unclear information. |
| **IM** | Iron Mountain | Location where records are stored for safe keeping. |
| **Inc** | Increase | The value of the prescription has gone up (strength, quantity, etcetera). |
| Incomplete | Not having all the necessary or appropriate parts. |
| **INFO** | Information | Data needed to complete the filling process of a prescription. |
| **INN** | In Network | A retail pharmacy, mail-order pharmacy, or specialty pharmacy that has entered into an agreement with us to provide prescription drugs or specialty pharmacy medications to Enrollees. |
| **INT** | Integrated | Linked or Coordinated. |
| **INTNG** | Integriguard | It is the acronym for an old retroactive vendor. When items are on hold for retro processing the hold reason is “INTG” in FACETS even though the new vendor is Reed and Associates. |
| **INV** | Inventory | The amount of medication we have in stock. |
| Invoice | This is a list of goods sent or services provided, with a statement of the sum due for these, a bill. |
| Individual | One person. |
| **INVDNR** | Individual disenrollment and Involuntary Disenrollment | Can occur due to non-payment of premiums. |
| **IP** | In Process | The order is currently in house and is being addressed. It has not been resolved or shipped. |
| **IPA** | Independent Practice Association | Network of medical prescribers. |
| **IR** | Immediate Release | A medication developed to dissolve without delaying or prolonging dissolution or absorption of the drug. |
| **IRA** | Inflation Reduction Act | New law which aims to curb inflation by possibly reducing the federal government budget deficit. |
| **IRC** | Information Request Code | Code used when requesting specific information. |
| **IRE** | Independent Review Entity | An independent agency contracted with CMS (Medicare) to conduct an external review ensuring current policies of Medicare and the MED D plan are being followed. C2C Innovative Solutions is the IRE appointed by CMS (as of 02/01/2021). |
| **IRMAA** | Income Related Monthly Adjustment Amounts Letter | Medicare Part D - A beneficiary will receive this notice if they have Medicare Part B and/or Part D and Social Security determines any Income Related Monthly Adjustment Amounts that apply. This letter also includes information about Social Security’s determination and appeals rights. |
| **IRO** | Independent Review Organization | An external agent contracted by us that has no material, professional, familial, or financial conflicts of interest with us. Provides unbiased, independent decisions regarding the Medical Necessity of an Appeal.  The organization considers all previously determined facts, allows the introduction of new information and considers and assesses sound medical evidence and makes a decision that is not bound by the decisions or conclusions of the Internal Appeal. |
| **IRS** | Identical, Related or Similar | Referring to DESI medications |
| **ISM** | Integrated Service Model | A team that is trained to handle both members’ prescription needs and medical questions, to better assist our members by reducing transfer and wait times to allow for a better member experience. |
| **IU** | Intermittent Use | Non-routine, non-daily, or sporadic use of drugs. |
| International Unit | A unit of activity or potency for vitamins, hormones, or other substances, defined individually for each substance in terms of the activity of a standard quantity or preparation |
| **IUD** | Intrauterine Device | A small plastic T-shaped device used for birth control. It is inserted into the uterus where it stays to prevent pregnancy. |
| **IUI** | Integrated User Interface | Point of human-computer interaction and communication in a device. |
| **IVR** | Interactive Voice Response | Automated method for placing a refill request via a phone in mail order. |

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| **Terms** | **Definition** |
| Implementation Team | The department within the Client Operations Business Unit that coordinates efforts Qualified Clients to sponsor new and expanding Medicare Part D Plan offerings. |
| Incomm Premium Payments | SilverScript only - third party payer used by beneficiaries to pay their Premium Billing payments at any CVS/pharmacy. |
| Incremental | Uncovered months (**not cumulative uncovered months**) between disenrollment from the prior plan or end of Beneficiary IEP and enrollment in the current plan. |
| Infocrossing | Used to access Medicare entitlement verification and enrollment information. |
| Institutions | When referring to SEP 205 – The definition of Institution differs from that used in determining when an institutionalized full-benefit dual eligible qualifies for the low-income subsidy copayment level of zero. In this institution is defined as a Skilled Nursing Facility (SNF), Nursing Facility (NF), Intermediate Care Facility for the Mentally Retarded (ICF/MR), or a Psychiatric hospital or unit. |
| Internal Tracking Database | An internally developed data repository centrally located and readily accessible for requests, metrics, tracking and reporting. |
| Internal Transfer Adjustment | An adjustment that moves a Beneficiary’s accumulations from one CAG to another. It satisfies the CMS requirement that a Beneficiary receives credit for all Medicare Part D covered drugs purchased under a prior plan, if changing plans during a plan year. |
| Interim Assignment | Also known as a stretch role. These assignments generally require a temporary expansion in access due to expanded roles and responsibilities. |
| Incentive Formulary/Incentive Generic | Refers to prescription benefits plans that have lower co-pay for members who use generic of formulary medications there is a financial incentive for using lower cost medications. |
| Incentivized Drug List | Brand medications covered by the plan will be dispensed; however, there may be a higher co-payment required for non-drug list (non-formulary) products. |
| Incident of HIPAA Violation | Caller made no claim of HIPAA violation, but CCR recognizes violation and reports it accordingly. |
| Indemnity | Traditional insurance program whereby the insured person is reimbursed, or the provider is paid directly for services covered by the health insurance program. |
| Independent Pharmacy | A non-affiliated, privately owned and operated commercial establishment that dispenses drugs and related therapeutic devices and supplies by a licensed pharmacist. |
| Inquiry | CMS Defines an inquiry as any oral or written request to a Part D plan sponsor or one of its contractors that does not involve a request for a coverage determination/exception request.  **Inquiry Call Types:**   * Should include routine questions about benefits. * Beneficiaries will sometimes call to simply ask a question – do not automatically invoke the grievance or coverage determination process.   **Note:** Sometimes a question is just a question that requires education to clarify. |
| Individual Account Type | Search criteria used to retrieve accumulators at an individual level based on member selected in the Member/Dependent Information Drop Down. This field should not be used for High Deductible Health plans. |
| Ineligible | Record is found with Member and/or Spouse and/or dependent file is displaying **‘Ineligible;’** however, they claim to have our benefits.  Pop-up box displays the error message: “Employing Client Not Found Due To No Current Prescription Benefits for Member.” |
| Ingredient Cost | Cost of the drug product as stated on the prescription drug claim (Ingredient Cost Claimed) or as calculated by us for payment to the pharmacy (Ingredient Cost Paid).  The ingredient cost to be paid on a claim is the lesser of the ingredient cost claimed by the pharmacy or cardholder, the (NDC) file price of the drug multiplied by the (AWP) discount (if applicable) or the (MAC) price (if applicable) or pharmacies Usual & Customary price. |
| Initial Issue | Mailing of cards and information packets to a newly- established group. |
| Injectables | Medication delivered through the skin via a needle with syringe. |
| Injection | Delivery of a medication through the skin via a needle with syringe. Many formularies in health plans are not designed to cover injections used in out member settings since that is usually covered under a medical benefit. |
| Innovator | Drug manufacturer whose name is listed on the application to the (FDA) for approval of a new drug. Also referred to as "brand" drug. |
| Insulin | Hormone which regulates the metabolism of glucose. |
| Insulin Kit | Members with diabetes need prescribed supplies (syringes, test strips, lancets) in order to administer their dosage of insulin. Many plans provide these supplies in "kits" with one copay for the kit, rather than as individual items with co-pay for each item. |
| Insulin Pen | A device used to inject insulin for treatment of diabetes. It is composed of an insulin cartridge (integrated Add Insulin or bought separately) and a dial to measure the dose and is used with disposable pen needles to deliver the dose. |
| Insulin Syringe | A device used to inject medications or other liquids into body tissues. The syringe for insulin has a hollow plastic tube with a plunger inside and a needle on the end. Primarily used with vials |
| Insurance Carrier | An organization (usually an insurance company) that assumes financial obligation for the benefit costs and administrative fees associated with the medical, dental, pharmaceutical, etcetera, for businesses and organizations placed in various groups. The Insurance Carrier receives premiums, both from the businesses and the plan members, as reimbursement for the servicing of the insured plans. |
| Insurance Code | Unique identifying number which is assigned to each insurance company, third- party administrator, and multiple employer trust. |
| Insurance Company (Plan Sponsor) | Client also referred to as a carrier because they underwrite the insurance for individual groups. The insurance company signs the contract with us and is financially responsible for all bills incurred by groups insured by them.  An insurance company may establish different ‘blocks’ of business within our system based on market segment, type of policy, geographic region, etcetera. |
| Integrated Benefits | Combined (single) deductible which includes both medical and prescription costs that must be met before benefits are paid. |
| Integrated Deductible | When one deductible amount applies to the medical and prescription insurance.  I will take a look at your plan design to determine if the deductible is impacting the price of your medication. |
| Interchange | Act or process of dispensing one prescribed medication in place of another generally on the basis of chemical (generic) equivalency. In some states or health plans, therapeutic (brand) equivalency may also be done in some therapeutic categories. |
| Internet Pharmacy | Organization that provides pharmacy services via the Internet and utilizes mail delivery of medications. A voluntary registration program with the National Association of Pharmacy (NABP) allows an Internet pharmacy to display a Verified Internet Pharmacy Provider Site (VIPPS) designation on its Web site. |
| Intervention | Proactive disease management. Connecting with members, pharmacists, and prescribers to promote wellness, rather than reactive therapy upon illness or disease.  We offer several intervention platforms:   * Retail pharmacy benefits * Mail-order pharmacy services * PerformanceRx Intervention * Disease prevention and management * Electronic prescriber intervention products |
| Intervention Reversal | Action that will be taken when the member refuses the preferred alternative and requests that the non-preferred/originally prescribed medication be dispensed. Formerly known as “Changeback”. Also refers to the team within Clinical Care Services (CCS) that handles these requests. |
| Invalid | Not available as written, need clarification of information. |
| Involuntary Disenrollment | A beneficiary is removed from the plan without their request. |
| Issuer | An identification that may be on a member's ID card. |

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