# Customer Care Abbreviations, Definitions and Terms – M

**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.

**Quicker Search Results:** Depress **Ctrl + F**  **→** Typein Keyword  **→** Click **Find Next**

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| **Abbreviation** | **Term** | **Definition** |
| **M1** | Initial Physician Letter | First letter to physician. |
| **M2** | Follow Up Physician Letter | Second letter to physician. |
| **M/R** | Mail Room | The area in which postal goods are received. |
| **MA** | Managed Access or Medical Assistant | Prior authorization loaded to Tandem for recap clients. |
| Medicare Advantage | Sometimes called “Part C” or “MA Plans,” are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D). |
| **MAB** | Maximum allowable Benefit | Monetary. The maximum amount that will be covered, during a specified time frame, under a member's plan design. The total dollar amount a client or plan sponsor will spend on prescriptions. Once the MAB has been reached, the member must pay all prescription costs. What the member will pay after MAB depends on their plan set up.  MAB usually starts over every 12 months or beginning of the new plan benefit year. MAB can also apply to specific medication, such as fertility drugs. In these cases, MAB usually applies to those specific medications. Not all plans have a MAB. |
| **MAC** | Maximum allowable costs | Average cost and quantity. The maximum price that an insurer or health plan will reimburse per unit dose for generically available or multiple source medications; designed to incent generic dispensing, to assure the pharmacy dispenses economically and to control future cost increases. This typically follows the initiative for reimbursement by the Medicare and Medicaid program when more than two generic drugs are available in the marketplace. There are different types of MAC programs available to our clients, such as MAC A, MAC B, MAC C, etcetera.  MAC is not a yearly benefit; it can vary by plan or medication. It is based off of the average cost of medication. **Example:** If the member is getting medication, and the cost is $500 but the plan will pay $300 for the certain type of medication, the member will have to pay the remaining if they want the medication. Or if the plan only allows them to get 50 pills, but the script is for 100. |
| **MAC Cost Difference** | Maximum Allowable Cost Difference | Difference in price between the "brand" drug dispensed by the pharmacy and a "generic" drug that was available and could have been dispensed. This amount is paid by the cardholder as a cost difference for not taking the "generic" drug. |
| **MFG** | Manufacturer | The producer of prescription drugs and medical devices. |
| **MAPD** | Medicare Advantage Prescription Drug Plan | Sometimes called “Part C” or “MA Plans,” these prescription drug plans are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D). |
| **MARx** | Medicare Advantage Prescription Drug | MARx provides real-time CMS beneficiary information. It allows approved users to see information such as Part A, B, and D entitlement dates, past and present plans the beneficiary has been enrolled in, Low Income Subsidy (LIS) levels, any employer subsidy that may be on file with CMS, and the permanent address that is on file with Social Security/Medicare to ensure that enrollment applications are submitted with fewer errors. Depending on the beneficiary’s state of residence, you may also be able to view Medicaid eligibility. If you have any questions about the MARx UI integration with the CMS Enterprise Portal, please contact the MAPD Help Desk.  Phone: 1-800-927-8069  Email: [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov)  Website: <http://go.cms.gov/mapdhelpdesk>. |
| **MOF** | Mail Order Form | Form used when the beneficiary is requesting new prescriptions to be filled by Mail Order. |
| **MC** | Maintenance Choice | Maintenance Choice provides participating plan members the choice of receiving 90-day maintenance prescriptions through our home delivery Pharmacy or at select retail participating pharmacy (CVS Retail, Costco Pharmacy, Kroger, or select independent pharmacies, etc.) at the same mail benefits. |
| **MP** | Managed Plan | (MP1, MP2 or MP3) Managed Plan has been changed to Custom Care Mail (CCM).  The Custom Care Mail program works towards optimizing pharmacy utilization by reviewing the member’s mail and retail drug history to ensure all prescriptions are appropriate, safe, and cost effective. |
| **MAO** | Medicare Advantage Organization | Organization that manages Medicare plans. |
| **MAT** | Medication Assisted Treatment | The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. |
| **MBI** | Medicare Beneficiary Identifier | A randomly generated alpha numeric identifier that will replace the HICN and BIC for all Medicare beneficiaries beginning April 2018.  Identification number found on the beneficiary’s Medicare Health Insurance Card (red, white, and blue Medicare card). Refer to [HICN (051679)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a762d9c8-3265-40f8-87ec-2898f00d2d11). |
| **MBO** | Manufacturer Back Order | The medication is currently not available from the manufacturer, but when released this prescription will be addressed. |
| **MBR** | Member | Refers to the Plan Participant/Patient. |
| Medical Billing Representative | An individual from the member’s medical benefit that handles billing inquiries. |
| **MC** | MasterCard | A credit card type. |
| Maintenance Choice | Three (3) plan options exist:  Voluntary (MCV) , Incentivized (MCI) and Mandatory (MCM) |
| **MCAA** | Maintenance Choice All Access | Everything outlined in Maintenance Choice Mandatory plus additional convenience offerings:   * On-Demand Delivery - arrives within 4 hours from time order is placed from the member’s preferred CVS Pharmacy.   + In Manhattan, NYC, Same Day Delivery is offered for free and therefore is offered in place of on demand delivery. * Easy prescription transfer - member can securely transfer their prescriptions online with just a few clicks. |
| **MCI** | Maintenance Choice Incentivized | A Maintenance Choice offering in which copays are increased after a certain number of 30-day supply fills at a retail pharmacy. This provides financial encouragement for the member to participate in the 90-day supply Maintenance Choice opportunity through Mail Service or at a select retail participating pharmacy (CVS Retail, Costco Pharmacy, Kroger, or select independent pharmacies, etc.). It is client-specific, with the client determining what the copay will be and when it will change. |
| **MCM** | Maintenance Choice Mandatory | A Maintenance Choice offering in which the member is limited to a certain number of 30-day supply fills at a retail pharmacy. After the limit is reached, the medication will only be covered in 90-day supplies through Maintenance Choice at Mail Service or a select retail participating pharmacy (CVS Retail, Costco Pharmacy, Kroger, or select independent pharmacies, etc.). .  If the member continues to fill 30-day supplies, they will not be covered by the plan. It is client-specific, with the client determining how many 30-day supply fills will be covered.  It is client-specific, the member **may** **have** to be opted out of the program with an override. Review the plan benefit override tab to see if an opt out is required or review the client’s CIF. |
| **MCO** | Managed Care Organization | An organization that provides health care insurance (**Example:** medical, dental, pharmaceutical, etc.) designed to provide high quality care at the lowest possible cost. An MCO primarily delivers health care by using a variety of utilization/quality control and cost containment methods, including:   * Health Maintenance Organizations (HMOs) * Point of Service (POS) * Preferred Provider Organizations (PPOs) * Exclusive Provider Organizations (EPOs) * Managed Indemnity insurance programs * Managed BCBS programs |
| **MCSC** | Medicare Customer Service Center (1-800-MEDICARE) | Customer Service for Medicare, used for people who want more information about their Medicare health and drug plan options. |
| **MCV** | Maintenance Choice Voluntary | A Maintenance Choice offering that is voluntary.  The beneficiary will not have any refill restrictions or penalties, and no opt outs will be necessary if the beneficiary does not want to use home delivery or a select retail participating pharmacy (CVS Retail, Costco Pharmacy, Kroger, or select independent pharmacies, etc.).  This program functions similarly to the Maintenance Choice Mandatory or Incentivized with one exception:   * The member **will not** have any refill restrictions or penalties. |
| **MD** | Maintenance Dose | A dose of medication that is lower than starting dose of a drug for continued therapy treatment. |
| **MDB** | Medicare part B or Medicare COB | A federal assistance program. |
| **MDC** | Manufacturer Discontinued | A medication/program no longer available from the manufacture. |
| **MDD** | Maximum Daily Dose | The highest dose recommended by the manufacturer, maximum daily dose (mg) of a drug studied without toxicity. |
| **MDL** | Managed Drug Limitation | Plan design limitations which limit the quantity allowed within a typical time frame. |
| **MDO** | Maintenance Drug Option | Used for the RECAP platform that describes a program that allows an employee to obtain a larger quantity of medication prescribed for long-term use in the treatment of chronic conditions. The medications are typically available through a mail order facility for a 90-day supply. |
| Medical Doctor’s Office | A medical office overseen by a doctor (Physician’s office). |
| **MDP** | Maintenance Dispensing Program | An alternative to mail order that enables clients to allow larger quantities of maintenance medications per fill at local retail pharmacies. Client savings are realized from fewer pharmacy dispensing fees, discount AWP, and fewer administrative fees. |
| **MEM** | Member | Refers to the Plan Participant/Patient. |
| **MET** | Multiple Employer Trust | Clients that consist of small employer units who have come together to purchase insurance benefits through a trust document. |
| **MEQ** | Member Experience Quality | Critical element reviewed as a part of We Care Quality performance evaluations. Includes qualifications such as “Did the CCR represent CVS Health in a professional, courteous, and respectful manner?” and “Did the CCR take steps to educate and provide useful information, options and/or solutions that could avoid a member call back?” |
| **MEQ** | Milliequivalent | One-thousandth of an equivalent. |
| **MF** | Must Fax Queue | Also known as the SX queue. The queue in which prescriptions are placed requires a pharmacist to reviews for a judgment or make additional contact with the physician. |
| **MForce, M-Force** | MEDFORCE | Task Submission and Scan image receipt system.  System that stores all incoming member correspondence including undeliverable mail. MEDFORCE is a system used by the Paper Claims Department to scan paper claims received from our members. MEDFORCE allows access for paper claims to confirm whether member’s claims were received, claims processed and helps to determine discrepancies. |
| **MFN** | Most Favored Nation | Discount or clause in the contractual agreement between a vendor and plan that assures that the lowest prices or terms available to any purchaser will be used. This follows the initiatives by the Medicare and Medicaid programs in health care contracts to assure the lowest available prices. |
| **MFR** | Manufacturer | According to the FDA, a drug manufacturer is anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a prescription drug. |
| **MFR D/C** | Manufacturer Discontinued | Drug discontinued by the maker. |
| **MG** | Milligram | Unit of measure, generally describing the strength of a drug. |
| **MCG** | Microgram | Unit of measure, generally describing the strength of a drug: One millionth of a gram. |
| **MI** | Middle Initial | First letter of person’s middle initial. |
| **MICR** | Magnetic Ink Character Recognition | The routing, account and check number located at the bottom of a check. |
| **MIP** | Managed Indemnity Program | System of prescription benefits specifically designed to meet the needs of companies which currently offer prescription drug benefits through traditional major medical indemnity plans. Often referred to as ‘pass thru’ business by Pharmacy Benefit Managers (PBM’s). |
| **MISC** | Miscellaneous | Consisting of diverse things. |
| **MISS** | Missing | Absent. Usually refers to a portion of a prescription that necessitates additional information to be provided by the prescriber. |
| **ML** | Milliliter | Unit of measure generally describes a liquid in volume. |
| **MLP** | **Mid-Level Prescriber** | Examples of mid-level practitioners include, but are not limited to, health-care providers such as **nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants** who are authorized to dispense controlled substances by the state in which they practice. |
| **MLPAP** | Mailed in Paper | A Data Exchange (DEX) Method Code, indicating how events are loaded into MBEST, used for any enrollments or disenrollments that come in the mail. |
| **MM** | Must Call Back | The queue in which prescriptions are placed that requires the prescriber to be contacted by telephone. |
| **MMA** | Medicare Modernization Act and Help Desk | Act: The Medicare Prescription Drug, Improvement, and Modernization Act. Federal legislation passed in 2003 that establishes the Medicare Part D outpatient prescription drug benefit.  Help Desk: Medicare Modernization Act Help Desk is a group within CMS that supports available connectivity options and requirements associated with exchanging data with CMS. |
| **MMCM** | Medicare Managed Care Manual | Manual referred to when administering Medicare Managed Care. |
| **MMCS** | Medicare Managed Care System | System utilized for Medicare Managed Care. |
| **MME** | Morphine Milligram Equivalents | A value assigned to opioids to represent their relative potencies. |
| **MMP** | Medicare Medicaid Plan | Specific plan. |
| **MMR** | Monthly Membership Report | CMS Monthly Membership Report that indicates SSLLC members. CMS uses the MMR as the base for the cutoff date for a particular month according to the annual CMS MMR schedule. |
| **MMS** | Managed Mail Service | Refers to our mail order service. We have a number of mail order fulfillment facilities in across the United States. |
| **MO** | Money Order | A payment method. |
| **MOA** | Medical Office Assistant | Responsible for performing office duties and ensuring a medical clinic runs smoothly. These duties include transcribing patient records and letters, keeping accounts, billing patients, filing claims with insurance companies and scheduling appointments. |
| Mail Order Available Table | LINKS MOA Table (visible in Drug Sub Tab at the top of the Resolve Conflict Screen). |
| **MOD** | Mail Order Delivery | A service responsible for the fulfillment and shipment of prescription medications or healthcare products directly to patients via mail. This process typically involves centralized pharmacy operations and is designed to improve convenience, adherence, and access to medications. |
| **Mobile App** | Mobile Application | An application software designed to run on smartphones, tablet computers, and mobile devices.  The .com Mobile App is a free download available for Apple (iPhone, iPad) and Android mobile devices. In order to access the .com, mobile app, the member needs to download the app from the Apple App Store for iPhone or the Google Play Store for Androids. |
| **MONMEMD** | Monthly Membership Detail Report | Also known as MMR, MMRD or LIPSLEP report. |
| **MOP** | Mail Order Pharmacy | Organization that provides pharmacy services via telephone, mail or the Internet and delivers its medications using a home delivery method, such as the U.S. Postal Service, Fed Ex, or UPS. Most prescription benefit plans allow members to receive up to a 90-day supply per fill for covered medications filled by the respective plan’s designated mail order pharmacy. |
| Method of Payment | Member’s payment type. |
| **MOOP** | Maximum Out Of Pocket | Annual maximum a person can expect to pay for covered services. |
| **MOR** | Mail Order | A pharmacy that fills prescriptions for members via mail delivery.  Home Delivery dispensing offers several powerful advantages over retail network dispensing, including:   * **Lower Cost**- Average plan savings of 12% compared to retail. We buy in bulk from drug manufacturers, often repackaging large lots of the drugs into common prescription quantities themselves. We then pass those discounts on to our clients’ benefit plans and their members, along with lower dispensing fees than retail pharmacies charge. These savings help reduce our clients’ drug trend, and in most cases allow them to offer lower copays (per day supply) to their members for home delivery. * **Better Programs**- The home delivery environment, which unlike the retail environment is controlled by us, makes possible a range of clinical and formulary intervention programs, enhanced utilization reviews, and disease management services. In particular, generic dispensing rates are better at mail. Our specially trained clinical pharmacists have instant access to the member’s full prescription profile as well as complete details of the plan design features and utilization programs specific to the client’s plan, so that they can optimize utilization and reduce costs one prescription at a time. * **Greater Safety**- Our home delivery pharmacies are highly automated and feature redundant quality checks and dispensing controls. These technologies, overseen at multiple checkpoints by registered pharmacists, yield higher accuracy than most retail pharmacies can offer, which means lower risk of drug errors and greater satisfaction and convenience. * **Higher Satisfaction**- One recent survey reported an overwhelming majority of pharmacy benefit plan members are highly satisfied with their home delivery experience. Coupled with the convenience of obtaining maintenance prescriptions without having to leave home and telephone or web-based ordering, these high satisfaction rates suggest that promoting home delivery utilization can be a powerful tool for improving both cost control and overall program satisfaction. |
| **MOR Default** | Mail Order Default | Within the address system, one address for each member and/or dependent is specifically identified as the "Mail Order Default" address. The "MOR Default" indicates the address to which a mail order prescription will be automatically sent. It is extremely important to verify the member's current address against the MOR Default address during each member contact to ensure that medications are sent to the correct address. |
| **MOS** | Month | Each of the twelve named periods into which a year is divided. |
| **MP3** | Managed Plan 3/DSM | Managed care plans are **health insurance plans with the goal of managing two major aspects of healthcare: Cost and quality**. With these plans, the insurer signs contracts with certain health care providers and facilities to provide care for their members at a reduced cost. |
| **MP2** | Managed Plan 2 | Managed care plans are **health insurance plans with the goal of managing two major aspects of healthcare: Cost and quality**. With these plans, the insurer signs contracts with certain health care providers and facilities to provide care for their members at a reduced cost. |
| **MP1** | Managed Plan 1 | Managed care plans are **health insurance plans with the goal of managing two major aspects of healthcare: Cost and quality**. With these plans, the insurer signs contracts with certain health care providers and facilities to provide care for their members at a reduced cost. |
| **MPWR** | Monthly Premium Withholding Report Data File | A beneficiary who receives a Social Security Benefit or Railroad Benefit can request to have their monthly premium for their prescription part D coverage paid from their monthly benefit amount. |
| **MRDD** | Maximum Recommended Daily Dose | Maximum daily dose (mg) of a drug studied without toxicity. |
| **MRE** | Management Referral  (also shown as MANG REF) | Website use to send down escalations by the call center and client services with a 24-hour TAT for resolution. |
| **MSA** | Medicare Medical Savings Account Plan | MSAs are similar to Health Savings Account plans available outside of Medicare, and they have two parts.   * The first part is a Medicare Advantage Plan with a high deductible. * The second part is a Medical Savings Account into which Medicare deposits money that may be used to pay health care costs. |
| **MSA** | Medicaid State Agency | An agency which may contact Customer Care regarding grievances or other Medicaid-related inquiries on behalf of the beneficiary. |
| **MSG** | Message | Information communicated to a person as the intended recipient. |
| **MSO** | Aetna Member Services | Term used to refer to the Aetna Member Services department also known as Medicare Service Operations for Aetna Med D. |
| **MSOF** | Mail Service Order Form | A paper form that members can fill out and mail in to request a prescription from our mail order pharmacy. |
| **MSP** | Medicare Secondary Payer | When the Medicare Program does not have primary payment responsibility - that is, when another entity has the responsibility for paying before Medicare. |
| **MTP** | Mount Prospect, IL mail facility | Our mail order pharmacy in Mount Prospect IL. |
| **MTMP** | Medication Therapy Management Program | The Medication Therapy Management Program (MTMP) is designed to optimize targeted Part D Beneficiaries’ understanding of medication use, improve therapeutic outcomes, improve medication adherence, and reduce adverse drug events. The MTMP identifies Part D Beneficiaries at risk for adverse medical events and works collaboratively with Beneficiaries and prescribers to reduce risk, thereby decreasing Beneficiaries overall medical costs. |
| **MTMS** | Medication Therapy Management Services | A group of services, outside the normal scope of practice, that goes above and beyond in optimizing a member’s therapeutic outcome. |
| **MTR** | Meter | A diabetic supply used for glucose monitoring. |
| **MTX** | Methotrexate | Abbreviation of the drug name Methotrexate. |
| **MV RES** | Moved/Re-issued | An order status used in LINKS. |
| **MX** | Fax communication | The intervention code in LINKS indicates a fax communication has been created. |

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| **Term** | **Definition** |
| Manual Refund | Refund credit back to the account via a paper check. |
| Mail Order Drugs | Prescriptions or other medications sent to a member by a mail order or Internet pharmacy using a home delivery method, such as the U.S. Postal Service, FedEx, or UPS. Generally, these medications are used on a long-term basis by members for chronic conditions, such as diabetes or hypertension. |
| Mail Tag | Pre-paid postage label and container that is sent to the beneficiary to return product to us. |
| Maintenance Dispensing Program Drug | A product identified as a maintenance drug available through the Maintenance Drug Program. |
| Maintenance Medication | Medications considered by the insurance company to be prescribed for long-term use in the treatment of chronic conditions (**Example:** Blood pressure medications, heart medications, etcetera). |
| MajoRx | Innovative product line designed to mirror a client’s major medical claim accumulation programs. Allows the client greater program flexibility and offers the opportunity to realize more effective cost management (**Example:** Front-end deductible, stop-loss, and maximum benefit). |
| Managed Care | Proactive approach to healthcare benefit management in which plan sponsors exert controls over the delivery system; usually includes such elements as provider networks, utilization review, cost sharing incentives, and clinical information systems. |
| Managed Care Programs | The containment of prescription drug costs, so that, without compromising quality, each prescription is clinically consistent, economically reasonable, and conveniently available. |
| Mandatory Generic | Because of the lower cost of generic medications compared to brand medications, many plans require that generic medications (if an AA or AB rated generic if available) be dispensed instead of the brand equivalent.  If the prescriber has indicated DAW, or if the member chooses not to accept the generic substitution, depending on the plan specifications either: The member pays a higher co-payment amount, or the prescription cannot be filled using plan benefits. |
| Mandatory Mail | Plan offering in which the member is limited to a certain 30-day supply fills at a retail pharmacy. After the limit is reached, the medication will only be covered in 90-day supplies through home delivery. If the member continues to fill 30-day supplies, they will not be covered by the plan. It is client-specific, with the client determining how many 30-day supply fills will be covered. |
| Mandatory Maintenance  Choice | Plan offering in which the member is limited to a certain 30-day supply fills at a retail pharmacy. After the limit is reached, the medication will only be covered in 90-day supplies through Maintenance Choice at home delivery or a select retail participating pharmacy (CVS Retail, Costco Pharmacy, Kroger, or select independent pharmacies, etc.).   * If the member continues to fill 30-day supplies, they will not be covered by the plan. It is client-specific, with the client determining how many 30-day supply fills will be covered. |
| Manual Letter | Letter (notice) necessitated by enrollment activity that the enrollment system and Print Vendor are unable to fulfill. |
| Manufacturer Copay Card (Non-needs-based copay card) | Copay card pharmaceutical manufacturers offer to commercially insured patients in order to help off-set the cost of the medication. There are typically no eligibility criteria that must be met in order for a patient to use a manufacturer copay card. |
| Market Probe, Inc | Full-service international marketing research firm headquartered in Milwaukee, Wisconsin. For more than 20 years, Market Probe has been a leader in the performance analysis of customer satisfaction measurement data for Fortune 1000 corporations around the world.  Market Probe’s services encompass many facets of customer satisfaction measurement, including advanced loyalty modeling, profitability analysis, market segmentation, competitive benchmarking, and more. Account Executives specialize by industry; Market Probe maintains a full staff of statisticians, programmers, and marketing professionals.  Market Probe’s client base includes telecommunications, financial services, healthcare, insurance, associations, utilities, and manufacturing industries. |
| Match Eligibility | RECAP-specific systematic method for validating a member’s eligibility for claim payment. The identification number, birth date and gender submitted by the pharmacy for claim reimbursement must match the corresponding information on file within the RECAP system. Match Eligibility characteristics include:   * 9-digit cardholder ID number printed on the member’s prescription benefit identification card * 11-digit plan member ID number on file within the RECAP system |
| Maximizer | A maximizer program is designed to obtain the maximum amount of copay assistance as early as possible by setting an individual's cost-sharing amount to be the maximum value of the manufacturer's copay assistance, applied either in even intervals throughout the year, or front-loaded in the early months.  **Example:** PrudentRx is a copay maximizer program that partners with CVS Caremark. It works by enrolling eligible patients in manufacturer copay assistance programs and applying those funds to cover the full cost of specialty medications. Patients typically pay $0 for covered drugs, while the plan avoids applying these costs to the deductible or out-of-pocket maximum. |
| Maximus | Formerly the Qualified Independent Contractor (QIC) for the Centers for Medicare and Medicaid Services (CMS) to process late enrollment penalty disputes between Part D plans and beneficiaries. It was also the Independent Review Entity (IRE) for reconsiderations (2nd level appeal).  **Note:** As of 02/01/2021, the new QIC/IRE for appeals is C2C Innovative Solutions, Inc. (C2C). |
| Medicaid | State funded program which provides medical care financing for the poor and medically needy in the United States. Medicaid covers basic health services, and in most states, member prescription drug benefits.  A joint federal and state medical insurance program administered by the states to provide payment for health care services, including long-term care, for people with low incomes. |
| Medical Necessity | Medical information justifying that the service rendered was reasonable and appropriate for the diagnoses or treatment of a medical condition or illness. |
| Medicare | Health insurance for people who are 65 and older, receive Social Security Disability Benefits and/or have End Stage Renal Disease (ESRD). Medicare offers Part A (Hospital Insurance), Part B (Medical Insurance), Part C (Managed Care Health Plans) and Part D (Prescription Drug Coverage) plans.  **Note:** People under 65 that have disabilities and/or kidney transplant or ESRD are also covered. |
| Med B Real Time | Refers to the process where our pharmacy handles COB between Med B and the commercial client in “real time”; Applies to some EGWP and commercial clients. |
| Medicare Part A or B Premiums | Monthly premium payments required by SSA/RRB in order to maintain coverage of Medicare Part A and Medicare Part B coverage.  If both Medicare Part A and B coverage are lost, the beneficiary could become ineligible for Medicare Part D coverage. |
| Medicare Part D Prescription Claim Form | Form used when a beneficiary is requesting reimbursement for out-of-pocket prescription claims. |
| MED D Coverage Determination and Appeals (CD&A) Department | The department that processes all Medicare Part D Coverage Determination and Appeal requests. Paper Claims are processed by the Paper Claims department. |
| MedHOK | Medical House of Knowledge. System to process Grievance and Coverage Determination and Appeal cases. |
| Medigap | Medicare or Medigap supplement is designed to fill the gaps in Medicare payments. The policies provide coverage of part a hospitalization gaps, or pay toward Part B expenses, such as the annual $100 medical benefits deductible and the 20% of what Medicare approves but does not pay. |
| Medispan | Publisher of Master Drug Data Base. Drug Product Files include Master Drug Database (MDDB®). This is a comprehensive database which provides comprehensive product and pricing information. |
| Member Pharmacy | Pharmacy that has contracted with us to participate in one or more of our plans. |
| Metered | Home Delivery term, meaning the order has been prepared for shipping. The order has been weighed, ship method has been confirmed (Carrier label is placed on the package), sorted for appropriate carrier, and is one step away from being closed as shipped. |
| Metric Quantity | Maximum quantity of units of a drug allowed per prescription (**Example:** 3 tablets per day for 30 days equals a quantity of 90 tablets). |
| Me-Too Drugs | Medications are no better therapeutically than their predecessors in the same drug class |
| MinuteClinic | The medical clinic inside select CVS/pharmacy® stores and is the largest provider of retail health care in the United States. |
| Misdirected mail code list | This will help identify where all documents should go, how they should be sent and what their mail code or PO Box is. |
| Mismatched Eligibility | A member’s eligibility dates are incorrect or coverage timeframe has expired, in one or more systems |
| Missing Prescription in Order | Member received order but was missing a medication. |
| Mobile Web Site | Refers to access to the World Wide Web thru the use of a browser-based Internet service from a handheld mobile device such as a Smartphone or feature phone, connected to a mobile network or other wireless network. To access Mobile Site, the member can type in the CVS Caremark.com mobile website address, http://www.CVS Caremark.com, into the address bar of his or her desired internet browser. Tablet computers automatically displays the desktop site and not the Mobile site. |
| MPD cost difference Exception | When a member or physician requests to waive a brand cost difference. |
| Multi-Source Medication | Drug sold/marketed by two or more manufacturers or labelers. |
| Mute | Press the Mute button briefly to avoid caller hearing interruptions such as cough, sneeze, etcetera. |
| Multi-Tier Benefit | Medication formulary reimbursement system that allows for multiple levels or tiers of co-payments required to be paid at the time a medication is dispensed in the pharmacy. **Example:** A generic drug in level or tier one would require a $5 co-payment, while a brand in tier two would require $15 and so on. |

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