# Customer Care Abbreviations, Definitions and Terms - S

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

1. [Abbreviation, Term, and Definition](#abbrevtermdef)

2. [Term and Definition](#termdeftable)

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

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

|  |  |  |
| --- | --- | --- |
| **Abbreviation** | **Term** | **Definition** |
| **S/B** | Should Be | What something should be. |
| **S/O** | Screen Out | Used primarily in the conflict queue to indicate that a particular conflict did not require interaction or clarification with the prescriber. |
| **S/ORD** | Split Order | Used to indicate that an item(s) was taken from one order and moved to another order. |
| **S/P** | Screen print | A printed copy made of a computer screen, from PeopleSafe. |
| **SAT** | San Antonio mail facility | CVS Pharmacy distribution center located in San Antonio, TX |
| **SC** | Screen Call or Send to Call  Ship Consent | Used to indicate that a particular conflict requires that the prescriber be contacted by telephone.  Consent provided by member to ship an order. |
| **SCC** | Old: State and County Code  New: Submission Clarification Code | **Old:**  **2-digit** state code followed by **3-digit county code** of residence.  **New:** A numeric code used by pharmacies that allows for overrides without the assistance of a CCR.   * Vacation – 03 * Lost/Stolen/Damaged – 04 * Dosage/Therapy Changed – 05 |
| **SCH** | Scheduled | A few but not limited to all examples:   * Scheduled Shipping * Scheduled Refill Reminders |
| Ship Consent Hold | Med D - Reject hold at mail order requiring member consent to ship. |
| **ScripTalk** | Talking prescription labels | The ScripTalk labels provide a safe and convenient way to access information on prescription labels for individuals who are blind or visually impaired. |
| **SDV** | Single Dose Vial | A vial of liquid medication that is meant to be used one time. |
| **Secty or Sec** | Secretary | A person hired to do clerical work, such as handling correspondence, for a superior. |
| **SEP** | Special Enrollment Period | The period that a beneficiary can enroll and disenroll from a Part D plan based on special circumstances defined by the CMS. |
| **SFC** | Sales Force Case | Input of an issue that needs to be resolved, used to track, and manage feedback, questions, or problems. |
| **SFTP** | Secure Shell File Transfer Protocol | A protocol used in computer programs to securely transfer files via SSH (Secure Shell). This should not be confused with FTPS, which is largely considered inherently insecure. |
| **SGM** | Specialty Guideline Management or Strategic Guideline Management | Specialty Guideline Management. (SGM) Drug List. SGM is a comprehensive utilization management program that helps promote patient safety and ensure appropriate utilization of specialty medications. |
| **SHIP** | State Health Insurance  Assistance Program | The SHIP is a national program funded by CMS that offers free one-on-one counseling and assistance via telephone or face-to-face interactive sessions to people with Medicare and their families. |
| **SHIP’D** | Shipped | Indicates that an order/prescription was shipped to the member. |
| **SHMO** | Social health Maintenance Organization | A health care insurance plan offering a complete range of coverage and benefits, including Personal care services, hearing aids, dental care, eyeglasses, prescription drug and chronic care benefits, short-term nursing home care and medical transportation services. |
| **SI** | Signature indicator | Electronic Prescriptions for Controlled Substance messages that do not include a digital signature created with the prescriber’s individual private/signing key but instead have the digital signature indicator “SI,” will be digitally signed by Verizon, and archived by the SureScripts network. |
| **SIG** | Directions | Instructions for the use of a medication. |
| **Sign** | Signature | A part of the prescription indicating written authorization. |
| **SIQ** | Sig in Question | Directions in question. |
| **SLA** | Service Level Agreement | Part of a service contract where a service is formally defined. Mostly referring to the delivery time and level of performance. |
| **SLMB** | Specified Low Income Medicare Beneficiary Program | The Specified Low-Income Medicare Beneficiary (SLMB) program **helps people with low income pay their Part B premiums**. This premium would ordinarily be deducted from their monthly Social Security checks. |
| **SLN** | State License Number | See CTP DPS. |
| **SME** | Subject Matter Expert | Professionals who have advanced knowledge in a specific field. |
| **SMS** | Safety and Monitoring Solution | The Safety and Monitoring Solution was developed to identify potential medication abuse/misuse of targeted drugs and potentially uncover fraudulent claims for appropriate intervention. The main focus of the current program is to ensure quality patient care and safety. |
| **SMST** | Specialized Member Services Team | Care support team will go live for SilverScript, EGWP and Health Plans only. This new team is called the Specialized Member Services Team (SMST). Their role will be to focus on addressing and reducing specific CTM/Grievance related situations to offer the best experience possible for our beneficiaries |
| **SNP** | Special Need Plan | SNPs provide focused and specialized health care for specific groups of people, such as those who have Medicare and Medicaid, who live in a nursing home, or have certain chronic medical conditions. (e.g., D-SNPs = Dual Eligible, I-SNPs = Individual, C-SNPs = Chronic)  The fifteen SNP-specific chronic conditions approved for 2010 are:   * Chronic alcohol and other drug dependence * Certain auto-immune disorders * Cancer (excluding pre-cancer conditions) * Certain cardiovascular disorders / chronic heart failure * Dementia and certain Neurologic disorders * Diabetes mellitus * End-stage liver disease / End-stage renal disease requiring dialysis. * Certain hematologic disorders * HIV/AIDS * Certain chronic lung disorders * Certain mental health disorders * Stroke. |
| **SOA** | Scope of Appointment | A form required by CMS which provides beneficiary agreement to discuss plan specific products which is required to be completed by the beneficiary and agent in advance of the face-to-face marketing appointment according to the rules defined in MMG Guidance Section 70.9.3. It is not required when an application has been mailed to the agent. |
| **Soln** | Solution | A liquid preparation of medication; can be taken orally (by mouth), applied topically (on the skin), or instilled in the eye or ear. |
| **SOC** | Statement of Cost | This document provides direction when a beneficiary is requesting claim information for a specific time period. This document provides both home delivery and Retail Service transactions. |
| **SOP** | Standard Operating Procedure | Documents developed and reviewed by all pertinent departments and Compliance and Integrity giving the applicable users in the company direction for all company processes. They are reviewed annually. |
| **SPAP** | State Pharmaceutical Assistance Program | Some states offer a state pharmaceutical assistance program (SPAP) to help their residents pay for prescription drugs. |
| **SPD** | Summary Plan Description | Provides field descriptions and information related to the Plan Summary, Accumulations, Specialty, and Override Summary screens for RxClaim members. |
| **SPI** | Surescripts Provider Identifier | Proprietary to SureScripts. |
| **SPH** | Special Handling | A Prescription Entry exception queue where various types of prescriptions are sent for special processing. |
| **Spk w/** | Spoke With | Verbal communication between a representative and a second party. |
| **Sps** | Spouse | The person on the account that is legally married to the member and is considered as secondary to the cardholder. |
| **SR** | Service Recovery | Service Recovery is crucial to a service organization. This process maintains customer and client loyalty. The PBM’s SRU can reverse the negative perceptions and experiences of a member by focusing on the data provided within the SRU complaint. It is the supervisor’s responsibility to coach the representative. Through this coaching, a supervisor can effectively respond to member dissatisfaction and address any deficiencies with the call. |
| **SRT** | Senior Team Customer Care Representative | Refer to Senior Customer Service Representative |
| **SrCCR** | Senior Customer Service Representative | Lead CSR to whom front line staff brings issues to and who reports directly to Supervisor. |
| **SRU (Replaced with PRU)** | Service Recovery Unit (Replaced with Presidential Recovery Unit) | Replaced with Presidential Recovery Unit. |
| **SSA** | Social Security Administration | A government program that provides retirement benefits and economic assistance to persons faced with a disability. |
| **SSA/RRB** |  | **SSA/RRB PWO Withholding** - Withholding of the Medicare Part D Premium from the beneficiary’s Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit.   * The monthly premium is automatically withheld from the beneficiary’s monthly. * The beneficiary does NOT receive a monthly invoice statement. * If the beneficiary has been terminated, otherwise disenrolled, had a balance due prior to the withholding effective date or a credit balance on file, a Premium Billing Statement may be sent on request. * This payment method is subject to restriction and approval by the Social Security/Railroad Board and CMS. * Beneficiaries should continue to pay all monthly premium invoices until their request has been approved and is effective, requests can take 1 or more months for approval and processing. * SSA/RRB PWO Withholding changes may be initiated by the beneficiary or by CMS directly due to PBP changes or other beneficiary status changes within SSA/RRB or CMS. * This method is not available for beneficiaries enrolled in any EGWP plan (with a PBP in the 800 series), 100% LIS beneficiaries at or below benchmark, or individuals with a temporary HICN. |
| **SSB** | Saved Scan Batch | Capture images of documents, which will include forms, checks, and prescriptions as they are scanned via the Kodak and IBML scanners. |
| **SSC** | STOP SEE comment | A note that is left on the account in a way that forces it to pull up every time the account is open. Can be temporary or permanent. |
| **SSI** | SilverScript LLC | Our company that holds a contract for Medicare Services. |
| Social Security Insurance | A Federal income supplement program designed to provide cash to meet basic needs for people who are aged, blind, and disabled who have little or no income. Source: <http://www.ssa.gov/ssi/>. |
| **SSIC** | SilverScript Insurance | A CVS Health subsidiary that has contracted with Centers for Medicare and Medicaid Services (CMS) as a Medicare Part D Plan Sponsor |
| **SSLLC** |  | The former name of the CVS Caremark subsidiary that provides certain pharmacy benefit management services to Medicare Part D prescription drug plans, now called CVS Caremark Part D Services, L.L.C. |
| **SSN** | Social Security Number | Assigned number that follows an individual through life from the time you are a year old until death. This number is a unique identification, which may be used by our clients to identify a particular cardholder. Privacy compliance and confidentiality of this identifier must be maintained. |
| **STCOB** | Single Transaction Coordination of Benefits | Single Transaction Coordination of Benefits (STCOB) allows the pharmacy to submit one transaction that will essentially process a claim through the plan beneficiary’s primary and secondary insurance plans and return only one response to the pharmacy.    Since current functionality for Coordination of Benefits requires two transactions and results in two separate responses, the single transaction alternative is a much more attractive, highly anticipated option for both clients and pharmacies alike. |
| **STD** | Standard or Short-Term Disability | A type of insurance benefit that provides some compensation or income replacement for non-job-related injuries or illnesses that render you unable to work for a limited time. |
| **STLP** | Single Transaction Link Primary | In RxClaim, this show that the plan is set up with the STL link so the claims automically pass through to the secondary and the P/S is to help determine which plan is being viewed: (P)Primary or (S)Secondary. |
| **STLS** | Single Transaction Link Secondary | In RxClaim, this show that the plan is set up with the STL link so the claims automically pass through to the secondary and the P/S is to help determine which plan is being viewed: (P)Primary or (S)Secondary. |
| **STARS** | Siebel Tracking and Resolution System | Database used in the AMOS facility. |
| **STAT** | Immediately | Used primarily in prescription directions to indicate that something must be done immediately (i.e., a medication dosage must be taken right away). |
| **Str** | Strength | A part of the prescription indicating the strength of the medication to be dispensed. |
| **STS** | Status | The current state of an order or prescription refill. |
| **SUB** | Substitution | When one medication is interchanged with another (different) medication or the generic for that same medication. |
| **Surv SPS** | Surviving Spouse | Partner of deceased. |
| **SX** | Symptoms | Medical terminology: Also refers to a status of a prescription in resolve conflict, typically which indicates further follow-up is necessary. |
| **SX Queue** | Must Fax Queue | Refer to MF. |
| **SWR** | Software Release | This is where enhancements are made to current processes that enables improved processing of members prescriptions. This occurs every even month beginning in February and the last release of the year is November.  No release occurs in December. On occasions there may be minor release on odd months beginning in March. |

[Top of the Document](#_top)

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Sales Tax | State and local taxes levied on the sale of prescription drugs. |
| Schedule Drugs | A one-character code describing DEA classes for federally controlled drugs:  0 = DEA class zero  1 = DEA class 1 (one)  2= DEA class 2 (two)  3= DEA class 3 (three)  4= DEA class 4 (four)  5= DEA class 5 (five)  Refer to Schedule Drugs, Controlled Drugs |
| Secondary Coverage or Secondary Insurance | Additional insurance that is used as a supplement to the primary insurance. An account must either be coded as Secondary Coverage or be coded as having Coordination of Benefits for the claim to process as secondary coverage.   * If an account is coded as being secondary, all claims will reject if not processed through the primary account first. * If claims are processed through the primary account first, secondary claims will usually process for further reimbursement.   **Example:** Primary Insurance has a $50.00 copay and Secondary Insurance has a $35.00 copay. The secondary will reimburse $15.00, because the secondary coverage covered $15.00. |
| SecureCare | System generated and pharmacist reviewed to protect the safety of members and the integrity of plan design. Pharmacists may also modify or add programs according to their clinical judgment. |
| Service Area | **Old:** A defined geographic region established by CMS regulation in which a Part D plan has coverage.  **New:** Area where a Plan Sponsor will offer service. |
| Service Region | **Old:** Area where a Plan Sponsor will offer service  **New:** A defined geographic region established by CMS regulation in which a Part D plan has coverage. |
| Self-Certification form | A form used by the Eligible Organization (EO) to certify that the health coverage established, maintained, or arranged by the EO qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing. |
| Self-Insured | Instead of purchasing insurance, a business designs its own benefit plan and is financially responsible.  **Example:** XYZ Company will insure their employees instead of purchasing insurance. XYZ Company will manage their employee’s health care and be financially responsible. XYZ Company may lose or make money, based on claims.  Clients that obtain benefits on a self-funded basis. The company assumes all the financial risk and liability that would normally be covered by an insurance company. We generally require a minimum of 500 or more lives (cardholders) before accepting a self-insured account. |
| Sensitive Information | Includes any information (such as HIPAA, PHI, PCI, Plan Member Identification or Financial-related Information). All Sensitive Information must be handled with the strictest confidence and security. |
| Semafone | Secured Program to which Credit Cards are entered into the system. |
| Service Warranty Check | Refund issued to the member, most often due to a claim processing incorrectly resulting in an overcharge to the member. |
| Settlement Codes | Codes within the system that explain how a prescription claim was adjudicated. |
| Shift Currency Credits | Within NICE, The number of stars indicates the number of shift currency credits earned for the interval. |
| Shoe Box Effect | In a paper claims environment of indemnity care, plan members accumulate pharmacy receipts, but never actually submit those receipts for reimbursement.  Health plans can make money and employers still pay premiums in such a system, versus a managed health care system where nearly all claims are filed electronically at the time of service in a pharmacy. |
| Shoe Boxing | When members have prescription coverage, but for some reason pay cash for a prescription, hold on to the prescription receipt(s) and do not file their paper claims for reimbursement until much later in the year.  They tend to collect up their receipts and file the paper claims in large groupings instead of as the prescriptions are purchased. |
| Short Term Stop See | These are Stop See comments entered for up to 10-day duration. Used to communicate information to pharmacy operations on behalf of the plan member PRIOR to the order being created. |
| Side Effects | These are unintended consequences of a medication or treatment of a member. These effects may be clinically significant or not significant.  Some side effects are utilized for their therapeutic effect, such as an antihistamine that causes drowsiness to induce sleep, but generally a side effect is to be avoided if possible. |
| Silverlink | Third party IVR vendor which has a HIPAA compliance corporate agreement with us specializing in healthcare communications. |
| Signature Log | List containing signatures of members who have used the pharmacy benefit card to purchase prescriptions. This log is maintained at plan member pharmacies who submit claims by computer-printed claim forms or by magnetic tape. Will be accessed in both State and PBM pharmacy audits. |
| SimpleDose | Manage your Rx with SimpleDose™, presorted Rx packs at no added cost. \* Each box contains a 30‐day supply, delivered to your home\* or local CVS Pharmacy® SimpleDose will be sunsetting 05/30/2023. |
| Single Source | Used when a medication or drug can only be purchased from one source in the marketplace. |
| Single Use Address | A single use address is a one-time address that can be added to an order. Single use addresses will not be stored as a member’s address.  Common examples of what a member may say to reveal a single Use Address type include:   * “Ship/Send my order to…” * “I am currently at…” * “Use this address…”   **Note:** If member uses a Mail Order Form or sends in correspondence, this request can be made by anyone placing an order on behalf of a member. |
| Situational drugs | Situational drugs are medications that are prescribed for short-term or intermittent us based on a specific condition, event, or circumstance, rather than for ongoing, chronic treatment. These drugs are typically used to address acute symptoms, temporary health needs, or conditions that arise sporadically. Examples may include medications for migraines, anxiety before medical procedures, erectile dysfunction, motion sickness, or allergic reactions.    Situational drugs are often evaluated differently from maintenance medications in terms of utilization patterns, clinical appropriateness, and coverage criteria. |
| Smart Card | Technology that allows for a computerized member record or administrative information to be coded onto a plastic card that may be accessed by authorized health care providers anywhere for routine or emergency services. |
| Smart PA | Smart PA automates and streamlines the process of determining whether a prescription drug meets a set of predefined criteria for coverage. Smart PA evaluates claims in real-time against clinical rules. If criteria are not met, it flags the claim for manual review (Prior Authorization) or denial. |
| Specialty Biotech Product Management | This area optimally manages all aspects of biotech (biologically derived) injectable medication, resulting in a rapid and convenient delivery system as well as expertise in management of rare but costly disease. |
| Specialty / Biotech Medications | Refers to a diverse group of expensive, biologically derived injectable medications prescribed for chronic illnesses such as multiple sclerosis, hepatitis C and hemophilia as well as some common diseases for arthritis. These medications often require special storage and handling and may not be readily available at the typical local retail pharmacy. |
| Specialty Copay Card Program | The CVS Specialty Copay Card program is a means to identify payments that are made on behalf of the patient by a manufacturer copay card for any medication dispensed by the CVS Specialty Pharmacy.  It ensures that only true member out-of-pocket costs are applied to an accumulator (i.e., deductible and/or maximum out of pocket) of our clients enrolled in the program.  The CVS Specialty Copay Card Program began on **January 1, 2017**.  This program will be available only for Exclusive Specialty Clients as not all clients will be participating. Each participating clients CIF will be updated individually. |
| Specialty Pharmacy Service | A provider of biotech medications (primarily injectable) to individuals with chronic or genetic conditions. |
| Specialty Rx | Specifies if specialty medications are allowed on the plan. |
| Split Order | An order is divided (split) if the order has multiple prescriptions and has been in house 5 days or more or if one of the medications is on backorder. |
| Standard Packaging | Drug product in which portions are removed for administration and dispensing. This portion does not have labeling for a single-dose unit. |
| Staff/Staffed Time | Time logged into the phone for the corresponding split/skill; refer to the appropriate Logging into the Phone for your site. |
| Standard Eligibility | **‘Standard Eligibility’** will display next to **‘Eligible’** for Cardholder.   * Family style coverage wherein family members may be covered, **only** the cardholder needs to show as eligible. * Family members may show as termed, but still be covered. * Family members may have no line of eligibility, but still be covered. |
| Star Rating System | For Medicare Part D plans, the Star Rating System (often referred to as the plan rating) uses data from a variety of sources when evaluating a plan’s performance and is made available to beneficiaries to help them make enrollment decisions.   CMS uses a Star Rating System to rate the quality and performance of plans that offer Medicare Part C and Medicare Part D benefits. CMS uses data from a variety of sources when evaluating a plan’s performance and determining its star rating:   * Plan reported data (e.g., Exceptions, Appeals, Grievances) * 1-800 Medicare complaint data * Prescription Drug Event (PDE) data * Independent Review Entity (IRE) data * Monitoring studies (e.g., Call center) * Audit data   Additionally, CMS uses the plan ratings for oversight and monitoring purposes. It helps them determine which plans to audit. |
| State Code | Two-digit numeric code used by the computer to identify the state in which a prescription was filled. |
| State and County Code | Codes used to determine service area. Each state and county have an assigned numerical code. The codes are a 2-digit state code followed by 3-digit county code of residence. |
| Statement | A document setting out items of debit and credit between a bank or other organization and a customer. |
| State Specific Validation for Controlled Substances | Each transaction with a DEA Schedule will have the NDC checked against the state rules of the prescriber state sending the transaction. Mail Order will have to determine the rules for the destination pharmacy. |
| Step Therapy | Practice of utilizing the most cost-efficient way to treat a member via protocol that calls for using one therapy before proceeding to something more expensive or difficult to use. For example, this is the practice of initially treating a member with a lower cost, similarly effective antibiotic before trying a more expensive, yet no more effective one. |
| Step Therapy Exception | A request for coverage of a medication that requires the beneficiary to try one or more similar lower cost medications to treat their condition before the plan will cover the prescribed medication. |
| Stop Loss | Amount a cardholder pays out-of-pocket until coinsurance is raised, reduced, or eliminated, as specified by the plan provisions. |
| Submitted Rate | The retail cost of the medication without insurance being applied. |
| Subsidies/Subsidized Coverage | Refers to provisions in the Affordable Care Act (ACA) to lower premiums and cost-sharing obligations for people with low and modest incomes.  • **Premium Subsidy Tax Credits** – Individuals and families with household incomes between 100 and 400 percent of the federal poverty level (FPL) are eligible for a tax credit when they enroll through an Exchange. According to 2013 Poverty Guidelines, 400 percent of the federal poverty level is approximately $45,960 for an individual and $94,200 for a family of four.  • **Cost Sharing Subsidies** – For individuals and families with household incomes at or below 250 percent of the federal poverty level, the ACA limits the amount they must spend of their own money (“out of pocket”) on their health care, when they enroll in a silver level plan through an Exchange. According to 2013 Poverty Guidelines, 250 percent of the federal poverty level is approximately $28,725 for an individual and $58,875 for a family of four. How will this be presented in PeopleSafe? Will this be like LICS for Med D and all the issues members bring up about it? Or will it be transparent… you have one cost subsidy per year, won’t change, so the plan is set up with the appropriate copays. |
| Submitted Incentive Fee | For vaccine claims that include and administration fee for a provider’s administration of the vaccine to a beneficiary, the submitted incentive fee is the administration fee submitted on the claim for the provider’s service. |
| Submitted Ingredient Cost | Amount submitted by the pharmacist for claim reimbursement. Does not include dispensing fee. |
| Submitted Minus copay | An amount of money for a claim submitted with a special customer location code set up for this type of situations or entering a pa to make a claim pay at the exact submitted dollar minus the members co-pay. No calculating. |
| Suffix Assignment | Special coding that controls the suffix assignment for plan members and their dependents. Normally, the primary cardholder is either 00 or 01, the spouse 02, and the dependents 03, 04, 05, etcetera.  For clients that have "match" eligibility processing, it is important that the original suffix assignment is maintained for each plan member. |
| Support Task  (Formerly Resolution Manager Task in PeopleSafe) | Task request used when automation fails or is necessary based on the specific need/request of the member. |
| Surcharge | An additional charge, or fee that is added to the cost of a good or service beyond the initially quoted price. |
| SureScripts | Connects prescribers through their choice of e-prescribing software to payers and pharmacies. |
| Suppression | Restricting the formation of a clinical divert |
| Synopsis | Condensed version or summary of the subject. |
| Syringes | Devices (whether glass or plastic) which are intended for delivery of medications through the skin. A needle must also be attached to these products to puncture the skin. |

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY – INFORMATIONAL ONLY**