# Customer Care Abbreviations, Definitions and Terms - T

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

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

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| **Abbreviation** | **Term** | **Definition** | |
| **T/A** | Therapeutic Alternate | A medication in the same therapeutic category that is substituted for another. | |
| **T/E** | True Exceptions | Department responsible for working orders with rejected prescriptions in AMOS pharmacies (**Examples:** Refill too soon, plan limits exceeded, invalid package size, and Rx processing error). | |
| **Tab** | Tablet | A dosage form of medication. | |
| **TAD** | Take as Directed | Usually seen as directions on a prescription. | |
| **TAT** | Turn Around Time | Denotes the amount time from when an order or request is received at mail until it is shipped to the member. | |
| **TBT** | TrOOP Balance Transfer | All paid claims for covered prescriptions will affect the MED D beneficiary’s TrOOP. Therefore, it is important to understand that there are several drugs that are **not**covered by MED D.    If the beneficiary chooses to purchase medications **not covered by the plan**, he/she is responsible for the **entire out of pocket cost** and these monies will **not** accumulate toward their MED D TrOOP. | |
| **TC** | True Cutback | Refers to process in Prior Approval-FEP (PAF) where a prescription fill is split into two fills. The second portion of the fill requires prior approval by the physician to fill it. | |
| **TD** | Trial Dose | A short-term supply (usually 30-day supply) of medication is dispensed to determine if it is effective and well-tolerated (**Example:** The member does not experience significant adverse effects). | |
| Therapeutic Duplication | Drugs from the same therapeutic class or two different strengths or dosage forms of the same drug. (TD) is one of the Drug Utilization Review (DUR) Quantum Alert edits. | |
| **TDC** | Transform Diabetes Care | As a standalone or complement to existing solutions, the Transform Diabetes Care program is designed to deliver holistic, targeted support for members with diabetes through the combination of clinical and cost management solutions provided through our integrated care model, helping to drive measurably healthier, more engaged members.  This program uses a variety of techniques that will assist members with their condition, how to manage it and helps them remain on track with their prescribed treatment plan.   * Cellular connected blood glucose meter with real-time messaging and 24/7/365 alert monitoring * Cellular connected blood pressure cuff * Cellular connected scale for Diabetes Prevention Program (DPP) * Live health coaching (telephonic) * One-on-one retail pharmacy adherence counseling * App-based digital tools and resources including Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention curriculum for Diabetes Prevention Program (DPP) plus five-day challenges and digital coaching for all conditions. * Two MinuteClinic® diabetes monitoring visits per plan year * Care plan reinforcement/actionable messaging with HealthTag® * Lifestyle management support   It utilizes member data (prescription and medical claims including lab test results) and other clinical proven techniques to assist the member with education, improves overall test results, adherence to medications/treatments and encourages positive lifestyle changes.  Enrollment into this program occurs when the member opts in by requesting connected devices. These opt in options are normally communicated via the TDC Welcome Kit, Email and at the CVS Retail pharmacy. | |
| **TDD** | Total Daily Dose | Maximum amount of medication that the patient should consume in a prescribed 24 hours. | |
| **TDD** | Telecommunications Device for the Deaf | A device for the deaf (TDD) is **a teleprinter**, an electronic device for text communication over a telephone line, which is designed for use by persons with hearing or speech difficulties. A TDD can be used to send text over the phone. | |
| **Tech** | Technician | A Pharmacy Technician. | |
| **TEE** | Therapeutic Equivalence Evaluation Codes | TEE Codes beginning with “A” (except “A1” and “A2”) indicate drug products that are therapeutically equivalent to other pharmaceutically equivalent products. Products with an “A” code are generally considered interchangeable with pharmaceutically equivalent drug products, subject to individual state regulations governing product substitution. | |
| **Code** | **Description** |
| **AA** | Products having no bioequivalence problems in conventional dosage forms |
| **AB** | Products meeting necessary bioequivalence requirements |
| **AN** | Solutions and powders for aerosolization |
| **AO** | Injectable oil solutions (same concentration and vehicle) |
| **AP** | Injectable aqueous solutions |
| **AT** | Topical products |
| **A1** | Equivalent to Orange Book value of “AB1.” Products with this code are only equivalent to other products with the same GPI and the same TEE Code. |
| **A2** | Equivalent to Orange Book value of “AB2.” Products with this code are only equivalent to other products with the same GPI and the same TEE Code.  If the FDA uses TEE Codes greater than “AB2” (such as, “AB3”), then similar two character. |
| **TE Tool** | Tier Exception Tool | An automated spreadsheet that provides a method to search for potential alternatives for formulary drugs. This would be a back-up process for the Care CD Specialized Team to look for alternatives if the Drug Lookup Tool is not functional. | |
| **TETC** | Too Early to Call | May be used to denote that it is too early to contact the prescriber, as in the case where there is a time zone difference. | |
| **TFN** | Toll-free number | A phone number that bills for all arriving calls instead of charging the caller. | |
| **TG** | Trademarked Generics | A brand name that, because of its popularity or significance, has become the generic term for, or synonymous with, a general class of products or services. | |
| **TGAM** | Targeted Generic Alternative Messaging | Identifies members on a select list of single source brands that have generic alternatives available (which means brands that do not have a generic equivalent but have a generic alternative in the same therapeutic class).  **Example:** Brand name Crestor drug has the following generic alternatives: Atorvastatin & Simvastatin. Letters are sent to members monthly and encourage the member to talk to their doctor about switching to a lower cost generic in the same therapeutic class. The letter includes the current brand name and the generic alternatives. | |
| **TGST** | Traditional Generic Step Therapy | A program that requires the member to utilize one or more generics before the plan will cover a brand name medication. This will only apply to certain medications. | |
| **TEP** | Transaction Exception Program | Related to "Key Plus" at the Regional Order Creation Center (ROCC). Orders are routed here due to missing information. | |
| **Tii** | Therapeutic Interchange issue | Pertains to a request made to a prescriber to change the prescribed drug to a formulary or generic alternative. | |
| **TIN** | Taxpayer Identification Number | An identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. | |
| **TFL** | Timely Filing Limit | Deadline for filing claims or appeals to insurance provider. | |
| **TID** | Three times a day | Seen on a prescription, It is an abbreviation for "Ter in die" which in Latin means three times a day. | |
| **TIP** | Therapeutic Interchange Program | Clinical program that reaches out to prescribers for changes in therapeutic alternatives within the same drug class (formulary management). | |
| **TIRF Rems** | Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) | The Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) program is an FDA-required program designed to ensure informed risk-benefit decisions before initiating treatment, and while patients are treated to ensure appropriate use of TIRF medicines. The purpose of the TIRF REMS Access program is to mitigate the risk of misuse, abuse, addiction, overdose, and serious complications due to medication errors with the use of TIRF medicines. | |
| **Tkt** | Ticket | Typically referring to a form of documentation to track the status a service request. | |
| **TMF** | Threat Management Form | A form used by management to report a threat. | |
| **TMR** | Targeted Medication Review | Quarterly medication review used to determine if unresolved medication issues need attention, new drug therapy problems have arisen or if the Beneficiary has experienced a transition in care.  If interventions are warranted because of the medication review, then the prescriber is contacted by fax or mail, or the intervention may be interactive when determined necessary. | |
| **TPA** | Third Party Administrators | Clients that handle the administration of our program for a group or insurance company. The TPA is considered the plan sponsor and is therefore financially responsible. There is also a growing number of Third-Party Administrators who contract with small chains and independents to assist in their administrative/accounting functions.  This is an organization that has an obligation to ensure benefit payments are made for covered services. | |
| **TP1, 2, 3** | Therapeutic Intervention Program 1, 2,3 | An intervention program is **a treatment method used by the mental health community** and utilized in several ways to better the situation of individuals who have become dependent on various substances or activities. | |
| **TRC 127** | Transaction Code 127 | An enrollment transaction (Transaction Type 61) was rejected because the Beneficiary has employer subsidy periods overlapping with the requested enrollment period. | |
| **TRC** | Transaction Reply Code | A reply code transmitted from Medicare to a MED D plan sponsor to communicate important membership information.  **Examples:** Enrollment, Address Change, LIS, etcetera. | |
| **TRL** | Translation queue | Queue in which prescriptions are entered. | |
| **TRR** | Transaction Reply Report or Response | A report that Centers for Medicare and Medicaid Services (CMS) provides to Part D sponsors containing details of the rejected and accepted enrollment transactions that CMS has processed for a Part D sponsor's contract(s) over a specified time. | |
| **TRR 999** | Transaction Reply Report or Response for a full enrollment file | A monthly Transaction Reply Report provided by CMS on or around the 25th of each month. The TRR contains a Part D plan's active Beneficiaries as of the first of the month, according to the PCUG, TRC 997-999 are codes on special TRRs that are generated for specific purposes. | |
| **TRS** | Telecommunications Relay Service | A telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls. Allows persons who are deaf, hard of hearing, deafblind, or have speech disabilities to communicate by telephone in a manner that is functionally equivalent to telephone services used by persons without such disabilities. | |
| **TrOOP** | True Out of Pocket | Medicare Part D term referring to the money the beneficiary pays out of his/her pocket for the prescriptions covered under the Medicare Part D plan. The following out of pocket amounts apply to TrOOP and are reset on an annual basis:   * Deductible * Copays/Coinsurance made by beneficiary and qualified third parties | |
| **TS** | Test Strips | A strip of material containing chemicals that react to certain substances. Often used for testing blood glucose levels for diabetics. | |
| **TSH** | Thyroid-Stimulating Hormone | A hormone produced by the pituitary gland that controls production of thyroid hormones. | |
| **TSR** | Transaction Status Response | Transaction Statuses can be used to track the state or condition of the transaction record. | |
| **TTY** | Teletypewriter | A small telecommunications device with a keyboard for typing and a screen or paper for reading conversations.  Dedicated national number (711) used by hearing impaired beneficiaries. | |
| **Tx** | Therapy | Used primarily in prescription directions to indicate that a medication should be used as directed by the prescriber to treat a corresponding condition. | |
| **TZ** | Time Zone | Identifies the certain region of the world that observes a uniform time. | |

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| **Term** | **Definition** | |
| Tag a Long | Prescription that has multiple conflict diverts attached | |
| Targeted Medication | Medications with high potential for abuse/misuse. **Example:** Controlled substances | |
| Telemedicine/Telehealth | Interchangeable terms - Telehealth/Telemedicine refers to a type of care; health care that is delivered remotely, such as over the phone, through video, or via other communication platforms. Aetna policies have been relaxed to allow any in-network provider to deliver telemedicine and to be reimbursed at the same rate as an in-office visit. Many in-network providers are offering telemedicine services; they will evaluate, diagnose, and consult with patients remotely. | |
| Teledoc | A multinational health care company that uses a group of doctors, therapists, and specialists to provide telemedicine and virtual health care 24 hours a day, seven days a week. Aetna customers can elect to include the Teledoc benefit in their benefit plans. | |
| Temporary Address | Any temporary stay that does not exceed 12 consecutive months. | |
| Temporary Employee | Also known as a contingent or contract employee. These users have a set separation date with the company and are subject to HR contingent workforce oversight. | |
| Termination | Ending of coverage for a group or individual cardholder. | |
| Termination Date | The date that our coverage terminates or ends, normally at midnight. | |
| Test Claim | Feature within PeopleSafe that allows the Customer Care Representative (CCR) to run a mock adjudication for a customer. The adjudication produces the customer's co-pay, financial breakdowns, and drug coverage information based on the parameters the client has established as part of the benefits plan. | |
| Test Strips | Small disposable strip of plastic containing a chemical called glucose oxidase that reacts with glucose in the blood sample to help monitor diabetic levels. | |
| Therapeutic Alternative | This refers to a medication(s) containing a different chemical entity that should provide similar pharmacologic effects or treatment outcomes. | |
| Therapeutic Equivalent | Many drugs, both brand and generic, with slightly different chemical compositions, will produce equal therapeutic results. | |
| Therapeutic Substitutions (Therapeutic Interchange) | The process of dispensing by a pharmacist of a medication different from that prescribed but thought to produce the same therapeutic effects in a member.  **Example:** Often approved by a pharmacy and therapeutics committee prior to such practice, one cholesterol-lowering agent may be substituted for another one that is not generically equivalent. Refer to Therapeutic Alternate. | |
| Therapy Management | Process of defining and implementing a select regimen for management of a particular disease, typically done in the context of an integrated health system. | |
| Therapy Protocols | Promotes a drug utilization strategy that restricts the use of selected drugs unless established clinical or administrative requirements are satisfied. | |
| Third Party | Vendor/business entity who is doing business with us or handling the plans.  A Third Party is any provider, pharmacy, client, etcetera. calling on the member's behalf. ​They may call to obtain processing information, plan design, pricing, or to advocate and obtain information for the member in relation to an ongoing issue. | |
| Third Party Adjudicator | Refer to [External Adjudicator (051673)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=882db71b-67fb-4521-8de7-6026d47b7191). | |
| Third Party Call | A call comes in and you hear a conversation already in place | |
| Third Party Payer | Organization other than the member or health care provider involved in the financing of personal health services. | |
| Tier (Drug Tier Levels) | **Tier** | **Definition** |
| 1 | Preferred Generic – These are commonly prescribed generic drugs. |
| 2 | Generic – These are also generic drugs, but they cost a little more than drugs in Tier 1. |
| 3 | Preferred Brand – These are brand name drugs that don’t have a generic equivalent. They’re the lowest cost brand name drugs on the drug list. |
| 4 | Nonpreferred Drug – These are higher priced brand name and generic drugs not in a preferred tier. |
| 5 | Specialty – These are the most expensive drugs on the drug list. Specialty drugs are used to treat complex conditions like cancer and multiple sclerosis. They can be generic or Brand name. |
| 6 | Select Care – These are generic drugs used to treat diabetes and high cholesterol. |
| **Note:** Specialty drugs usually pay as Tier 3, but some plans have Tier 4 and Tier 5 to refer to Preferred Specialty and Non-Preferred Specialty, respectively. | |
| Tiering Exception | Request for coverage of a drug in a higher cost-sharing tier to pay at a lower cost-sharing tier. | |
| Top Box | Highest member rating of the service received when calling Customer Care. | |
| Total Drug Spend | The total cost of the medication (what the beneficiary and plan pay). | |
| [Total Gross Cost](#_T) | Total amount billed by pharmacy (submitted amount). | |
| Total Member cost | What member paid (copay). | |
| Total Net Cost | Plan paid amount. | |
| Total Number of Plan Generated Enrollment Transactions Received | The total number of plan generated enrollment transactions received by CMS. | |
| Tote | A plastic bin that goes on the pharmacy line in dispensing to fill/ship prescription orders. | |
| Torchmark | A financial service holding company specializing in life and supplemental health insurance for middle-income Americans, marketed through multiple distribution channels including direct response and exclusive and independent insurance agencies. | |
| Tracking Slip | An Incoming Correspondence slip that states where it is going, type of document, other requests sent to processing, date and time received, and processor initials. | |
| Transferring Party | Party that is making the call to the receiving party. | |
| Transitional Fill | \*\*Medicare/EGWP Member Transition Fill (TF):\*\*  A 30-day supply is provided to ensure continuous therapy and prevent interruptions in medication coverage. The transition fill offers beneficiaries a temporary supply of medications that are either not presently covered or require further authorization for plan inclusion.   * Does not apply to non MED-D covered drugs * Formulary Disruption/Education letters will be sent out before benefit start date to inform members that impacted drugs will not be covered, but a transition fill may be available. * For TF-eligible drugs, members will receive a TF automatically upon filling medication at the pharmacy within the first 90 days of coverage. * Once a TF is initiated, POS messaging is available, and CVS will send an initial TF letter to both the member and provider and suppress subsequent lettering.   **Note:** Transition Fill is for Medicare beneficiary’s ONLY. See [Prior Use Exception (PUE) (051692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c519df4e-f8c0-4bb2-88e1-a761524b9516) for Commercial clients. | |
| Transparency | Reflects the concern that too much revenue may be flowing from the pharmaceutical companies to PBMs, and too little flowing down to plan sponsors. In a transparent model, the actual discounts and dispensing fees negotiated with the pharmacies, and rebates including all formulary, incentive and administrative fees earned on behalf of the sponsor, are “passed through” directly to the plan sponsor and members. This means the exact amount billed to the plan sponsor is the same amount paid to the pharmacy. | |
| Trial Period | Length of time a maintenance drug must be taken before the drug can be dispensed as a maintenance drug. | |
| Troches | A small, medicated lozenge designed to dissolve. **Example:** To soothe the throat as a cough drop. | |
| True Accumulations | Plan design strategy ensures only true member cost share (non-third-party dollars) are applied towards the accumulator (deductible/out-of-pocket) unless otherwise required by law.  Refer to:   * **PeopleSafe users:** [PeopleSafe - CVS Specialty CoPay Plan Design Strategies (113263)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=40a923d2-74fb-47db-8ae6-d150fcb77e1f) * **Compass users:** [Compass - CVS Specialty Copay Plan Design Strategies (058047)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=61656868-2241-42ad-ac78-516f378f2a43) | |

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| **Related Documents** |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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