# Customer Care Abbreviations, Definitions and Terms - B

**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**.**

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| **Abbreviation** | **Term** | **Definition** |
| **BA** | Behavioral Analytics | This is the webtool that is used by representatives, supervisors, and management to analyze calls for quality and training purposes. |
| **BAE** | Best Available Evidence | A process used to assist the beneficiary when the Low Income Subsidy, or Extra Help, information is not correct or present in our systems. When this occurs, CMS allows certain documentation to be submitted to confirm their eligibility for the Extra Help program. |
| **B/G** | Brand to Generic | Change from a brand name to a generic equivalent. |
| **B/O** | Back Order | Unavailability of a drug from the manufacturer. |
| **B/U** | Bulk Up | This is an internal courtesy process for when the member expresses that they were expecting a **90**-day supply, and the prescription(s) was written for a **30**-day supply. The process consolidates a prescription for a medication from a 30-day supply with at least 2 or more refills into a 90-day prescription.  Bulk up is internal terminology and should not be used with callers. |
| **BAD PYMNT** | Before Adjudication Payment |  |
| **BAL** | Balance or Outstanding Balance | Amount remaining to be paid by a member. |
| **BBA/97** | Balanced Budget Act of 1997 | Federal legislation requires certain measures to be taken in government programs to assure a balanced federal budget. The BBA 1997 contained significant changes in Medicare reimbursement, funded the Children’s Health Insurance Program (CHIP), and allowed provider-sponsored organizations to participate in Medicare more easily. |
| **BC** | Bar Code | A scannable code used to identify products in a retail setting. |
| **BCBS** | Blue Cross Blue Shield | Independent, non-profit, or for-profit membership organization offering health plans which pre-pay health care expenses for their insured subscribers.  Blue Cross Plan A not-for-profit corporation operating under the approval of the Blue Cross Blue Shield Association and administering a prepayment program for the purchase of hospital service in a limited geographical area. |
| **BCP** | Breast Cancer Prevention |  |
| **BCRC** | Benefits Coordination & Recovery Center | Third party CMS Coordination of Benefits contractor. |
| **BCSS** | Batch Completion Status Summary Data File | Daily file sent by CMS to PDP sponsors in response to PDP initiated enrollment, disenrollment, and maintenance transactions used to communicate transmission statuses and records that have failed due to formatting issues. |
| **BGM** | Blood Glucose Meter | A small, portable testing machine used by people with diabetes to check their blood glucose levels. After pricking the skin with a lancet, one places a drop of blood on a test strip in the machine. The meter (or monitor) soon displays the blood glucose level as a number on the meter’s digital display. Also used to monitor hyperglycemia and hypoglycemia |
| Blood Glucose Monitoring | Checking blood glucose level on a regular basis in order to manage diabetes. |
| **BEQ** | Beneficiary Eligibility Query | An inquiry, performed by Medicare, is triggered due to a submitted enrollment by a MED D plan sponsor. |
| **BHM** | Birmingham Facility | Birmingham Alabama mail order facility. |
| **BID** | Twice Daily | Indicates medication should be used/taken two times in a day. |
| **BIN** | Bank Identification Number | Each PBM platform has its own BIN number. This is a six-digit number that tells the computer database at the pharmacy which health insurance provider is to receive the claim for the prescription. This is used by the switching station to send the transaction to the correct PBM platform. Our BIN numbers are:   * QL = 610029 * RECAP = 610415, FEP BIN = 610239 * RxClaim = 004336 |
| **BIPA** | Benefits Improvement & Protection Act of 2000 | A federal law enacted by U.S. Congress that, among other provisions, restored an estimated $11.5 billion over five years to hospitals under Medicare, Medicaid, and other federal and state health care programs. |
| **BKDN** | Blind Key Drug Name | Functionality which requires the user (if selected) to re-enter the drug name. |
| **BKPN** | Blind Key Patient Name | Functionality which requires the user (if selected) to re-enter the member’s name. |
| **BLA** | Biologic License Application | Biological products are approved for marketing under the provisions of the Public Health Service (PHS) Act.   * The Act requires a firm who manufactures a biologic for sale in interstate commerce to hold a license for the product.   A biologics license application is a submission that contains specific information on the manufacturing processes, chemistry, pharmacology, clinical pharmacology, and the medical effects of the biologic product.   * If the information provided meets FDA requirements, the application is approved, and a license is issued allowing the firm to market the product.   Brand name medication |
| **BND** | Brand | “Brand” medications are marketed under a proprietary, trademark-protected name. While under patent by the Food and Drug Administration (FDA), the brand medication is the only version of that drug available for dispensing. Once the patent on a brand medication expires other drug manufactures are free to market “generic” versions of the drug. Most patents expire after 20 years. However, many factors can affect the duration of the patent. Generally speaking, brand medications are priced higher than generic medications.  We administer a wide variety of benefit plans, each with different co-payment amounts depending on whether brand or generic medications are dispensed, and because brand medications are usually priced higher than generic medications, the co-payment for brand medications is usually higher than for generic medications.  Additionally, some benefit plans have “mandatory generic” restrictions. This means that either the client will not pay for a brand medication if a generic medication is available, or, that the plan member will pay a higher co-payment for brand drugs. |
| **BNDD** | Bureau of Narcotics and Dangerous Drugs |  |
| **BO** | Benefits Office | Administers the members’ comprehensive benefits programs, including medical, life and dental insurance as well as the long-term disability and retirement programs. This is usually through an employer. |
| **BOPIS** | Buy Online, Pick Up In-Store | The process where customers can shop for products online (on a website or app) and then collect their purchase at a physical store location. |
| **BPO** | Business Process Owner | Individual(s) responsible for the development, maintenance, and enhancement of a specific process within the Business System |
| **BRC** | Billing Report Code | Best Practices for Proper Reimbursement. |
| **BVS** | Benefit Verification Specialist | The Benefit Verification Specialist is one who calls at the request of the physician, Member or Drug Assistance Program verifying the members’ benefits. |
| **BSY** | Line Busy | A call that cannot be completed due to the phone line being busy. |

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| **Term** | **Definition** |
| Baggie | Mail-order prescriptions or prescription refills mailed to our pharmacies are opened and separated into zip-lock bags before being forwarded to the translation team. A baggie includes the order form, original prescription (an original prescription is not needed for refills), and payment. Baggies are bar-coded so that if an order must be intercepted in mid-processing, its barcode number can track it.  Baggie orders can be identified by viewing the Verify Order screen. If the Baggie Number field is populated, then the order is a Baggie order. |
| Batch Pull | Original prescription received and dispensed by our mail order pharmacies are filed in batches.  If, after the medications have been received by the plan member, it is necessary to review the prescription because of questions regarding the medication dispensed, the quantity, the strength, or directions, a “batch pull” is requested.  A pharmacist will then examine the original prescription to compare the prescription against what was actually dispensed. |
| Benchmark | The maximum regional premium amount that Medicare will subsidize in its entirety. |
| Benchmarking | A reported measure of products or services by an organization for comparison against industry standards or average. |
| Beneficiary | The **primary** person receiving the benefits coverage (Plan Member, Cardholder, Insured).  **Med D:** A person who is enrolled in a Part D plan. To qualify for Part D, an individual must be entitled to Medicare benefits under Part A or be enrolled in Medicare Part B. |
| Benefit Amount | Amount paid by a benefit provider (after co-payments and/or deductibles have been met), toward a claim that has been, or will be, submitted for reimbursement. |
| Benefit Cap | Also known as the Maximum Allowable Benefit (MAB).  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. |
| Benefit Maximum Program | MajoRx Program The amount the plan sponsor pays each accumulation period before benefits cease. Predetermined drug benefit payment level for an individual or family beyond which no coverage is available. This limitation is generally established on a one year, (12) calendar month basis. |
| Benefit Period | The length of time during which benefits are paid. Typically, 12 months, however quarterly limitations and rollover can apply. |
| Billed Amount | Cost of a prescription claim at a retail pharmacy (POS Point-of-Sale). The billed amount is sometimes referred to as the submitted amount. |
| Billed to Carrier Group Number | Carrier/Group number used to determine the plan sponsor to be billed for the claim. |
| Billing Reporting Code or Group/Plan Number | Many clients have “sub-groups” within their plan. The “Billing/Reporting Code or Group/Plan Number” is a code used to “sort” prescriptions into their proper accounting and/or reporting category, as determined by the client. Billing/Reporting or Group/Plan Codes are associated with a specific identification number and may change should the individual change their internal status within the client’s organization. |
| Bioavailability | Rate and extent of a drug’s absorption in the body. |
| Bioequivalent Drugs | Drugs that have the same active ingredients, strength and dosage form as proven in studies submitted to the U.S. Food and Drug Administration (FDA). |
| Biological Equivalent Drugs | Same as Bioequivalent Drugs. |
| Blanket Override | A PBO that overrides all GPI’s (medications). |
| Blister Pack | Packaging consists of a pre-formed plastic pocket, typically made from plastic, which is used to hold small pharmaceutical medications. The blister is usually covered with a backing made of paper, foil, or plastic, providing protection. |
| Blue Note | The act of noting specific points or actions taken on a subscriber’s profile to assist with quality control. This is an internal memo/note keeping system, built into MedFORCE (similar to a digital Post-It) which processors may use to reference or notate what has been done to the document. |
| Blue Shield Plan | A not-for-profit corporation sponsored and/or approved by a medical society to administer a voluntary prepayment medical-surgical program in a limited geographical area and operating under the membership standards of the Blue Cross Blue Shield Association. |
| BMS Drug | Brand Multi-Source Drug: A Brand drug marketed or sold by more than one manufacturer or labeler. We also classify Generic products as brand multi-source if they are similar in price to the Brand equivalent. A Brand Multi-Source drug may or may not have a Generic equivalent. |
| Branded Generics | A trademarked generic. Multi-source product marketed under a trade name: Trade name is not the brand or chemical name.  **Examples:**   * Zaroylyn - Burroughs brand product * Allopurinol - Geneva generic product * Lopurin - Boots Branded generic   All three are the same chemical entity. |
| Brand - Multi-Source | A brand drug marketed or sold by two or more manufacturers or labelers that is not under patent or exclusivity protection. |
| Brand - Single-Source | A brand drug marketed or sold by only one manufacturer or labeler. We also classify products as single source if they are under patent or exclusivity protection, even if more than one is marketed. |
| Break In Coverage | Time frame in which the card plan member is without our coverage. An example would be when the expiration date of coverage has occurred, but the effective date for new coverage may be set a span of a month or more ahead, thus causing a gap in coverage or a break. |
| Bridge Supply or Bridge Supply upon Return | A 10-day supply of medication(s) provided to members through a CVS Retail Pharmacy. |
| Broker | A broker is a third-party administrator or contractor of insurance benefits. For example, we receive a lot of calls from brokers such as brokers for Horizon BCBS and other plan administrators. Sometimes the plan members will call their broker instead of their plan sponsor or benefits office. We authenticate the broker calls using the same criteria as the benefits office callers. |
| Buck Slip | Business advertisement that is inserted into envelope |
| Bulk Literature | A request for more than 5 forms of any type to be sent to the member. Refer to [Fulfillment Requests (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af) for a list of the forms. |
| Business Unit | A group of one or more departments led by a Senior Vice President, Vice President, or other senior manager. |
| Buy and Bill | Buy-and-Bill is a process for physician offices to acquire medications that providers can administer in the office. The “buy” part refers to providers who are responsible for ordering and purchasing the drug. The “bill” part refers to providers billing directly to third-party payers for reimbursement. |

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