# Customer Care Abbreviations, Definitions and Terms - O

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

1. Abbreviation, Term and Definition
2. Term and Definition

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

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

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| **Abbreviation** | **Term** | **Definition** |
| **O/B** | Outbound | Communication outwards to another party. |
| **O/C** | Office Closed | Prescriber’s office is closed. |
| **O/E** | Order Entry | Department in AMOS that performs the initial entry of a prescription order into the system. |
| **OBC** | Outbound Telephone Call | When an individual makes a call to another party, rather than the individual receiving a call (inbound). |
| **OBN** | Oklahoma Bureau of Narcotics |  |
| **OBRA 87** | Onmibus Budget Reconciliation Act of 1987 | Federal budget reconciliation act passed in 1987 that contained specific pharmacy language creating drug regimen review requirements by pharmacists in all federally reimbursed long-term care facilities. |
| **OBRA 90** | Onmibus Budget Reconciliation Act of 1990 | Federal budget reconciliation act passed in 1990 that contained specific pharmacy language required drug utilization review activities by state Medicaid programs, creating research of pharmaceutical care, and mandating basic community pharmacy counseling requirements to be done by pharmacists at the time of dispensing a medication. |
| **OCC** | Other Coverage Codes | Are used to determine the intention of the pharmacy when submitting a primary or a secondary claim. These codes and their values are defined by NCPDP. |
| **OCR** | Optical Character Recognition | Let’s a PC read a fax or scanned image and convert it to actual lettering. |
| **ODM** | Operations Data Mart | Mail Order pharmacy reporting system (real-time and historical reporting). |
| **ODS** | Order Distribution Services | Department within CVS Caremake. |
| **ODS** | O’Neil | Vendor utilized by our MED-D Services to develop and mail out MED D EOBs. |
| **ODT** | Orally Disintegrating Tablet | A solid dosage form of medication designed to disintegrate rapidly in the mouth, typically within 30 seconds, without the need for water or chewing. |
| **OEP** | Open Enrollment Period | The period of time designated by the employer's health or other benefit plan when employees may enroll in new benefit plans or make changes to existing benefit plans. |
| **OEPI** | Open Enrollment Period for institutionalized individuals | A beneficiary has a special enrollment period when they reside **in** a:   * Skilled Nursing Facility (SNF) * Nursing Facility (NF) * Intermediate care facility for the mentally disabled * Psychiatric Hospital or Unit * Rehabilitation Hospital, Unit or Center * Long term care hospital * Hospital that has an agreement with Medicare (swing-bed hospital) |
| **OEPNEW** | Open Enrollment Period New | Open Enrollment Period for newly eligible individuals |
| **OEV** | Outbound Enrollment Verification | All plans are required to conduct outbound enrollment and verification calls for enrollments by both independent and employed agents/brokers to ensure individuals requesting enrollment understand the plan rules. Chapter 3 Marketing Guidance Section 70.8 |
| **OF** | Order Forms | Refill information is printed on on the order form that is sent with outgoing orders.  This allows members to simply identify the refills they want to order. |
| **OHI** | Other Health Information | Additional information related to member’s health. |
| **OHTL** | On Hold too long | Being left on hold for an extended period of time. |
| **OIG** | Office of Inspector General | Administration that inspects physicians and can possibly add a prescriber to a Preclusion list based on unfavorable conduct, which means that any claims for prescriptions that are written or authorized by such prescribers are ineligible for reimbursement by Medicare. |
| **Oint** | Ointment | Dosage form available for a topical product. |
| **OIP** | Order in Process | Orders located in queues being worked on by various departments. |
| **OM** | Office Manager | Person who manages the daily operations of an office. |
| **OMB** | Office of Management and Budget | Office of Management and Budget |
| **OMS** | Opportunity Management System | An opportunity management system (OMS) is a system that provides information on sales leads or opportunities, along with other supporting information. |
| **ON/OC** | Overnight/Our Cost | Change the Ship Method to Urgent/Next Day and change the Ship Fee to $0.00. |
| **OOA** | Out of Area | When a beneficiary moves to a new address and no longer resides in their region covered by their plan. |
| **OOF** | Origin Of Fax | Original location of faxed instrument. |
| **OON** | Out of Network | Means that a pharmacy, doctor, or physician does not have a contract with your health insurance plan provider. This can sometimes result in higher prices. Some health plans, such as an HMO plan, will not cover care from **out-of-network** providers at all, except in an emergency. |
| **OOP** | Out of Pocket | An amount of money paid by the member or amount not covered by the insurance, which is considered the member’s responsibility |
| **OP** | Order Packet | Member packet containing mail order service form, drug counseling info, payment information, etc. |
| **OPA** | Off the phone activity | Any type of Non-Prescheduled Aux or project time off the Phones |
| **OPM** | Office of Personnel Management | An independent agency of the United States Federal Government that manages the US civilian service. |
| **ORD** | Order | Member’s request of prescriptions. Orders typically contains a home delivery order form, prescriptions and can also contain a payment and correspondence. |
| **ORIG** | Original | The first a work composed firsthand. Typically used to refer to a prescription or legal document. |
| **OTC** | Over the Counter | A drug that may be obtained without a prescription.  **Note:** A prescription may be written for an OTC drug, but a prescription is not needed to obtain the drug. In the RECAP system, the legal status for these medications reflects “OTC”. |
| **OTL** | Out to Lunch | Refer to prescriber not being available (at lunch) to answer a phone call. |
| **OTP** | One time payment | Used for Premium Billing. This is a payment that is being processed for one time use. |
| **OU** | Order Number | Unique numeric identifier used to locate order. |
| **OV** | Office Visit | Visit to a prescriber’s office. |
| **OVR** | Overrides | Overrides are a way to bypass plan edits in the plan design to allow claims to process when they would normally reject.   * **Vacation Override** – allows a member to fill a medication early if they are going on vacation and needs an early supply. * **Participant Lost/Stolen/Damaged Meds Override** – allows an early refill if the medication was lost or stolen or a portion of the medication was damaged. * **Mail Order Delay** – allows a retail fill to process if a mail order fill is in process but is delayed due to our error. This prevents the member from running out of medication due to the delay in mail order. * **Maximum Dollar** – some plans have a maximum dollar limit established so that claims reject if they reach a certain dollar limit. This override will allow the claim to process over the set dollar limit. * **Dosage/Increase Change** – a claim may reject if a medication dosage has changed and the member now needs to take more. For example, member has a claim for Lipitor 10mg taken once a day but the MD changed the directions to now take it twice a day. If the twice a day claim is processed it may reject because the once a day claim is already in the system. This override will allow the claim to process. * **Multiple Births** – The adjudication system may process claims for twins, triplets, etc. all under one member because of they have the same ID number and date of birth. This override will allow both claims to process. * **Retail for Manufacturer Back Order** – If the product is on MBO at the mail pharmacy and the member can locate it at the retail pharmacy this override may be necessary to allow both claims to process. * **Dose Optimization** – A claim may reject if there is an opportunity to optimize dosage. For example, a member is taking two Lipitor 10mg tablets a day and there is a 20mg tablet available the claim may reject. Rejection is based on if the plan has opted to enroll in this program. * **Duplicate Therapy** – Rejections occur if a member is taking the same medication in different strengths or medications in the same drug class. For example, a member’s child has a diabetic meter at home and has a different one at school. The member needs two different types of strips which will reject. This override will allow both claims to process. * **Incorrect Day Supply** – Claim may have processed incorrectly with the wrong day supply due to retail pharmacy error. For example, member may have a prescription for a 30 day supply but the pharmacy processed it as a 60 day supply. This override allows the claim to process. * **Annual Fill Limit / Allowed fill** – Applies to plans that restrict the number of retail fills. This override allows one more retail fill while the member is getting started with home delivery. * **Nursing Home** – Nursing homes may require residents to use their onsite pharmacy. This override allows a claim to process if it is going to reject due to a fill at another pharmacy. * **Specialty Retail Lock Out** – Plans may restrict specialty medications to be filled at our pharmacy only. This override will allow the claim to process at a POS pharmacy once more while getting started with our Specialty Pharmacy. * **Expatriate Employees** – Member may work outside the country and need a larger supply of medication to take with them than the plan allows. * **Participant Mail In Delay** – Member needs to obtain a supply of medication at retail due to delay in mailing in their mail order. This override will allow the claim to process at a POS pharmacy when a rejection occurs because the mail order has already begun processing. * **Disaster Emergency** – Allows the member to receive an override in the event of a Disaster Emergency where they are located. This may include natural disasters, hurricanes, floods, etc. and other disasters such as house fires or vehicle accidents. * **Transition Plan 1 x override 30DS** – Applies to Medicare D only **UNLESS** CIF states otherwise - allows for drugs that were covered by the beneficiary’s previous coverage to be filled 1 time under the new/current coverage for the first 90 days of the new plan’s eligibility date.   **Notes:**   * + Does not apply to Non Med-D covered drugs.   + For TF-eligible drugs, members will receive a TF automatically upon filling medication at the pharmacy.   + CVS will enter a 90-day supply override into the claims adjudication system for Part D drugs.   + 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. * **MDL or QVT Limit Exceptions** – This override allows exceptions to be made for Managed Drug Limitation and/or Quantity vs. Time rejections. * **Other Overrides** – Provides information about other overrides allowed by the plan that do not fit into the above categories. |
| **OZ** | Ounce | A unit of measure of weight or volume. |

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| **Term** | **Definition** |
| Off-Label | Medications used for purposes other than those originally approved through the FDA new drug approval process for marketing in the Unites States. |
| Omation | Machinery used to slice open and date stamp the mail. |
| OmniSYS | A vendor contracted to administer Medicare Part B claims for us. |
| ONEclick | Database System used by O’Neil to store beneficiary plan materials. |
| One & Run | A term used in Clinical by an intervention screener to denote an old order where just one prescriber contact is made and the order is resolved on the same day. |
| One Way Call | A call comes in with a display readout but the caller cannot hear you even though you can hear the caller. |
| Online Claim Adjudication | Process whereby a plan member’s prescription drug claim is transmitted to us electronically from the servicing pharmacy. Refer to Adjudication. |
| Online Client Access | Process whereby clients may utilize telecommunications capability to receive the most current, up-to-date information directly from our computer databases. The clients have access to the eligibility file and claims files for their membership. Clients are restricted to accessing their own data only. |
| Online Eligibility | Capability of a client to access our system, to perform online updating for their respective plan members. |
| Online Real-Time | Characteristics of an electronic system offering immediate access, via terminal, to data information maintained at another site. |
| Open Formulary | Members are covered for any drug regardless of whether it is included or excluded from the formulary. This is the same as Voluntary Formulary. Because the open formulary is entirely voluntary on the part of the prescriber and member, its impact is educational in nature, not punitive.  Making members and prescribers aware that some prescription drug products may be more cost effective than others without sacrificing quality will result in better-educated consumers and prescribers. |
| Opportunity | The next attempted fill of a maintenance medication at a retail pharmacy (point of sale) would either reject (for a mandatory mail plan design) or have increased cost-share/co-pay (for incentivized mail plan design). |
| Opt Hold | Part of the Enrollment Verification process for an EGWP beneficiary. Time provided to the beneficiary to confirm his/her plan choice. |
| Open Order | An order that is in processing. |
| Opt-Out Period | 21-day window provided by an Employer/Union group to allow a retiree to decline enrollment into a PDP. |
| Oral Claim | Member requests an appeal for a non-covered benefit. |
| Orange Book | Publication of approved drug products with therapeutic equivalence evaluations (the List, commonly known as the Orange Book). It identifies drug products approved on the basis of safety and effectiveness by the Food and Drug Administration (FDA) under the Federal Food, Drug, and Cosmetic Act (the Act).  DESI medications are not included in this publication.  The main criterion for the inclusion of any product is that the product is the subject of an application with an effective approval that has not been withdrawn for safety or efficacy reasons.  Inclusion of products on the List is independent of any current regulatory action through administrative or judicial means against a drug product.  In addition, the List contains therapeutic equivalence evaluations for approved multi-source prescription drug products.  These evaluations have been prepared to serve as public information and advice to state health agencies, prescribers, and pharmacists to promote public education in the area of drug product selection and to foster containment of health care costs.  Therapeutic equivalence evaluations in this publication are not official FDA actions affecting the legal status of products under the Act.  Refer to Orange Book Rating. |
| Orange Book Rating | A rating system managed by the FDA with respect to a drug’s therapeutic equivalence and bioequivalence compared to the “brand” name. States which utilize this rating system, called Orange Book States, allow substitution with only AB rated generic equivalents. Refer to the Online First Data Bank NDDF Manual for detailed information.  Refer to Orange Book. |
| Order Not Yet Received | Order not received or displaying in the system. Refer to [Compass – Order Not Showing in System (065174)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52dbbdad-7f7f-4930-bdb6-9a6c9a2f8cfb) or [PeopleSafe – Order Not Showing in System (004757)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d5f72caf-b0d3-49a4-9e28-725508eba4a5).  Alerts/Stop Sees can be used on placed orders not showing on the Mail Order History Tab (Compass) or Main Screen (PeopleSafe). |
| Outcomes | Clinical results achieved through a health care services and/or medication that may be positive, negative, or neutral in terms of success. |
| Outcomes Research | Study of the results of medical care. The results can be costs, health status level, and absenteeism – any outcome for which a cause and effect relationship can be determined. Typically outcomes research is conducted by disease state so as to find the most cost-effective means of care with the best result. |
| Outlier | Prescriber, drug use, etc., that falls outside an average or normal range among the group or product(s) studies. These outlier’s are often responsible for high costs. |

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