# Customer Care Abbreviations, Definitions and Terms - Q

**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 → Type in Keyword → Click Find Next**

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| **Abbreviation** | **Term** | **Definition** |
| **Q** | Every | Pharmacy term indicating frequency of use. |
| **QA** | Quality Assessment | A formal set of activities to review care giving by an organization. Commonly uses continuous quality improvement strategies and techniques to determine positive and negative system issues related to the delivery of direct member care, including pharmaceutical care. |
| **QC** | Quality Check | Audit process ensuring that the proper procedures were followed and that the prescription information was entered correctly. |
| **QD** | Every Day | Latin term indicating dosing frequency of every day. |
| **QHP** | Qualified Health Plans | Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Exchange/Marketplace provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets many other requirements. A qualified health plan (QHP) will be certified annually by each Exchange/Marketplace in which it is sold. |
| **QIC** | Qualified Independent Contractor |  |
| **QID** | Four Times a Day | Indicates medication should be used/taken four times a day. |
| **QOD** | Every Other Day | Latin term indicating a dosing regimen on a prescription is every other day. |
| **QL** | Quantum Leap; Legacy; Windows Based Mail order system | The mail order computer system used by Legacy systems, now renamed to LINKS. |
| **QMB** | Qualified Medicare Beneficiary Program | One of the four Medicare Savings Programs that  allows you to get help from your state to pay your Medicare premiums. This Program helps pay for Part A  premiums, Part B premiums, and deductibles, coinsurance, and copayments. |
| **QOC** | Quality of Care | Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Quality health services should be effective, safe, people-centered, timely, equitable, integrated, and efficient. |
| **QR** | Quick Registration | Process in Compass to send a registration link to a member that makes the registration process faster and easier. |
| **Q-Rx** | Quick Rx | A prescription in which a refill sticker is attached to a signed prescription blank. |
| **QS** | Quantity Sufficient | Latin term used to indicate to the pharmacist to perform the calculations necessary to fulfill the prescription. |
| **Qty** | Quantity | A part of the prescription indicating the amount of medication to be dispensed. |
| **QVT** | Quantity vs Time | Specific quantity of medication allowed within a certain time period. |

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| **Term** | **Definition** |
| Quality of Care | As pertains to Med D plans:  Quality of Care is an expression of dissatisfaction regarding the Part D Plan standard of health care including whether health care services have not been provided or have been provided in inappropriate settings. For a Part D Plan, an example of health care services is beneficiary’s prescription medication.  **Examples of Quality of Care:**  Beneficiary’s medication delayed as a result of: Plan, prescriber, and/or pharmacy error Lost medication Incorrect Rx shipped Home Delivery issue such as cold pack broken, medication damaged Plan did not update beneficiary’s address and medication shipped to incorrect address, Manufacturer backorder of medication and pharmacy did not reach out to prescriber for alternative Beneficiary provided high copay approval; however, account was not updated and medication did not ship Expressed Consent process failure Beneficiary shorted medication (not due to transition fill).  Home Delivery Rx error Retail Rx error Access to Care: Access to Care is when the Medicare Part D beneficiary has the potential of running out of medication due to beneficiary action/inaction or due to medication being lost/stolen or damaged.  Examples of Access to Care include but are not limited to: Beneficiary receives order with correct quantity but with different package size or manufacturer, Beneficiary is out of medication because they refuse to pay the high cost. |
| Quick Transfer | After authenticating in Compass, use the designated option to select the appropriate department, specify the transfer type, and enter any relevant notes.. |
| Qualify | The act of a CCR certifying the override is allowed or not allowed via the plan design by reviewing plan information. |
| Quality | Conforming to requirements. Any product, service, or process that conforms to its requirements is a quality product, service, or process. (QES Training) |
| Quantity Limitations | The Quantity Limitation Rule can apply to any delivery system (**MAIL, PAPER, or POS).** These limitations balance the needs of the member to get medication quickly when it is needed for a short period of time and utilizing more cost effective delivery system for maintenance type medications. By establishing a higher quantity limitation through Mail, the member can receive more medication for a similar co pay amount.  Quantity limits can be designed to restrict the number of doses, day supply, or other parameters, at either the retail or both the retail and mail environments. For instance, some plans cover only four doses of the migraine drug Imitrex per month. In order to obtain additional quantities of the drug, the member must either use the home delivery pharmacy or, if coverage is limited at both mail and retail, pay for the additional quantities out of pocket. Use Test Claim in Compass to determine Quantity Limits. |
| Queue | Refers to the electronic routing of a prescription with conflicts or problems, which need to be resolved.  Prescriptions routed to a queue are usually by a pharmacist, and remarks noting the problem and the resolution are documented in the “comments” system. |

[Top of the Document](#_top)

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