# Customer Care Abbreviations, Definitions and Terms - R

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

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| **Abbreviations** | **Term** | **Definition** |
| **R&RT** | Reverse and Reprocess task | A task type utilized to rerun a prescription that was obtained through mail order, typically to correct processing for the medication after the time of its delivery. |
| **RA** | Remittance Advice | Each pharmacy that submitted claims for a cycle receives this form which provides detailed information on each claim that was paid or rejected.Summary information is also provided at the end of each pharmacy’s R/A. The Remittance Advices are divided based on pharmacy type, with R/A’s for independents sorted by pharmacy number and R/A’s for chain pharmacies sorted by pharmacy number within chain code. |
| **RACF** | Resource Access Control Facility | An IBM software product. |
| **RAS** | Risk Adjustment System | Risk adjustment is an actuarial tool used to calibrate payments to health plans or other stakeholders based on the relative health of the at-risk populations. |
| **RBP** | Client Credit for Returned Product | Used in certain situations when medication is returned by the member. |
| Referenced Based Pricing | Used when drug classes contain a number of drugs that are therapeutically similar, but also vary widely in price. A reference price is set for a specific amount, usually the cost of a generic. If a more expensive drug within the class is used, the member may be charged an extra penalty amount based on the reference price. This plan design option can vary by client and drug class.  Review the Client Information Form (CIF) and/or Plan Summary screen for more information. |
| Returned By Patient |  |
| **RCD** | Reoccurring Card Deduction | Used when the member has a reoccurring payment deduction. |
| **RCL** | Manufacturer Recall | When the manufacturer issues a recall due to a problem with a medication; may involve only specific lots or can be more widespread and involve all of a given product. |
| **RDA** | Recommended Daily Allowance | Average daily level of intake sufficient to meet the nutrient requirements of nearly all healthy people. |
| **RDS** | The Retiree Drug Subsidy Program | Enacted in December 2003 to reimburse plan sponsors for a portion of their qualifying covered retirees’ costs for prescription drugs otherwise covered by Medicare Part D that are attributable to such drug costs between the applicable cost threshold and cost limit. |
| **RE** | Regarding | Having to do with… |
| **Recpt** | Receptionist | A person employed in an office or other establishment to greet and deal with clients and visitors. |
| **RED** | Reduced | Make smaller or less in amount, degree, or size. |
| **REF** | Refill Only Queue | Queue to process prescription refills. |
| **RGM** | Returned Goods Materials or Returned Product | Item that was sent back to us from a member or prescriber, usually by a Mail Tag. |
| **RHX** | Prescription History Statement | Provides direction when a beneficiary is requesting claim information for a specific time period. Provides both home delivery and Retail Service transactions. Report can include prescription information without cost. |
| **REO** | Return Entire Order | May be requested by the member for various reasons. |
| **Req** | Request | Member asking for some action to be done by us. |
| **Resp** | Response | The reaction to a request. Verbal or written answer. |
| **Ret** | Retiree | Former employee |
| **Retrans** | Retranslate | To re-enter a prescription. May be done in the Prescription Entry or Interventions area.  **Old:** Retranslation  **New:** Intervention Changeback  When a prescription has been changed from the drug originally prescribed to a generic or formulary medication, and the member has problems with the new drug, a re-translation is necessary to “switch” the prescription back to the original medication. |
| **REV** | Reevaluate | Indicates that a member is returning to see their physician for him/her to monitor their drug therapy and/or disease state. |
| **RFI** | Request for Information | Process used to solicit information about vendors interested in supplying a service, such as an employer requesting information. |
| **RFP** | Request for Proposal | Process used to solicit information about vendors interested in supplying a service, such as an employer requesting a bid for services from a PBM. |
| **RJCT** | Reject | Occurs when the insurance will not approve a claim for a medication. This can happen for a multitude of reasons, and the reject will give a code and reason for the reject to allow for further research to be done |
| **RTS** | Refill Too Soon | It is too soon for a member to fill their medication; this is calculated according to the last time an Rx for the same medication was filled and the quantity that the member received at that time. |
| **RLICS** | Retro-LICS | A Low Income Cost Sharing (LICS) adjustment performed when an individual’s status in the LIS program changes retroactively, resulting in cost sharing amounts being owed to or by the Beneficiary. |
| **ROCC** | Regional Order Creation Center | Place where prescriptions are received in the mail and imaged into the Mail Order system, thereby creating the order. |
| **RFM RFL** | Refill(s) | Indicates the number of times (if any) that a prescription can be filled again. |
| **RGM** | Returned Goods or Returned Product | Indicates an item that was sent back to us from a member or prescriber, viewable in PeopleSafe under “View Activity” as an RM Task. |
| **RHD** | Retail Help Desk | Refer to PHD / Pharmacy Help Desk |
| **RLS** | Release | Denotes when an order/prescription is “let go” from a queue, either by overriding the conflict or (if no response from the prescriber) by returning the prescription. |
| **RLS/D** | Release Date | The date that an order/prescription is “released” from a queue. |
| **RN** | Registered Nurse | A nurse who has graduated from a college's nursing program or from a school of nursing and has passed a national licensing exam, who provides and coordinates patient care and educate patients and the public about various health conditions. Registered nurses work in hospitals, physicians' offices, home healthcare services, and nursing care facilities. Others work in outpatient clinics and schools. |
| **RM** | Resolution Manager | Subsystem within PeopleSafe that allows tickets to be created when automation does not work or would not be viable. |
| **RMT** | Reconciliation Management Team | An essential part of monthly closing, reconciliations management is the process of comparing two sets of records with the purpose of ensuring that both sets are matched and accurate. Reconciliation management is important because it determines whether the funds that leave an account match the amount spent. |
| **RMTD** | RMT Tracking Database | An internally developed data repository, centrally located and readily accessible for requests, metrics, tracking, and reporting. |
| **RO** | CMS Regional Office | The Regional Offices of the Centers for Medicare & Medicaid Services are the agency's state and local presence. Regional field staff work closely with beneficiaries, health care providers, state governments, CMS contractors, community groups and others to provide education and address questions. |
| **ROA** | Route of Administration | Pharmacology terminology – How a drug is to be administered. |
| **RPC** | Pharmacist Clarification | Acronym used when a Pharmacist Clarification is required in Doctor Calls.  Formerly Pharmacist Clarification Queue. |
| **RPC** | Retro Processing Contractor | The entity – currently Reed & Associates, L.L.C./IntegriGuard – contracted with CMS to process retroactive Medicare Part D plan enrollment, disenrollment, and PBP change requests. The generic name used by CMS to identify the contractor responsible for reviewing and processing retroactive effective date changes. |
| **RPh** | Registered Pharmacist | A licensed pharmacist. |
| **RPhR** | Pharmacist Review | Department where pharmacists verify the information entered into the system by a technician. |
| **RPP** | Retail Pharmacy Program | Similar to the Mail Order Pharmacy Program, this allows for members to pick up their prescriptions at retail pharmacies. |
| **RR** | Refills Remaining | Indicates the number of times (if any) that a prescription can be filled again. |
| **RRB** | Railroad Retirement Board | An independent agency in the executive branch of the United States government created in 1935 to administer a social insurance program providing retirement benefits to the country's railroad workers. |
| **RRF** | Retranslate Refill Queue | The queue where prescriptions are placed that require retranslating expired refills into a new order when the prescriber approves a continuation of therapy (additional refills). |
| **RRO** | Retail Reimbursement Override | The Retail Reimbursement procedure should be completed in conjunction with an Escalation Task (RM PeopleSafe)and can only be facilitated by a Sr. CCR, Supervisor, and Manager or above. |
| **RS** | Reconciliation Services | A department within the Client Operations Business Unit supporting CVS Caremark Part D Services, L.L.C. in regard to analyzing, validating, documenting, adjusting, tracking, and coordinating benefits, for adjudicated Medicare Part D claims, and responding to and resolving grievances and complaints from Medicare Part D Beneficiaries. |
| **Rshp** | Resent or Reship | Indicates that an order/prescription was shipped again to the member. |
| **Rslv** | Resolve | To settle or find a solution to a problem. |
| **RTA** | Reship Thru Automation | A reship that is initiated through the reship button in the order placement screen. |
| **RTE** | Route | To divert to a specific area or location. |
| **RTG** | Return to Government | Return to Government. |
| **RTMD** | Route to Medical Does Not Apply | Medication is not covered by prescription benefits and should be processed under the member’s medical insurance. |
| **RTM** | Reship Team Member | Someone who works in the department that handles reships. |
| **RTN** | Return | To send back. |
| **RTP** | Return to Participant | To send back to the member; usually refers to a prescription.  **Note:** Faxes, eRXs, and Phone prescriptions are not returned to the member, however Rx has been cancelled. |
| **RTPBR** | Return to Prescriber | Notes indicating that a prescription must be returned, unfilled, to the prescriber. |
| **RTR** | Retail Trans Required | Produce diagnostic images (X-rays) by positioning someone's body and taking an image1. These medical images detect bone fractures, types of tumors, certain injuries, foreign objects, or other abnormalities. |
| **RTR** | X-Ray Technician | Person who performs this type of work. |
| **RTS** | Return to Stock | Drugs that are filled but have not left the pharmacy may be placed back in their original location within the pharmacy. |
| **RTS** | Refill Too Soon | **New:** A rejection reason, which means the utilization rate since the last fill has not been met. |
| **RVF** | Residence Verification Forms | A proof of residency letter, or 'affidavit of residence', is **a sworn statement that a person resides at a specific address**. It's recommended to have the proof of residency letter notarized if there is no supplemental evidence (**Example:** utility bill, paycheck stub, driver's license, etcetera). |
| **RVS** | Reverse | To undo paid claim. |
| **RVT** | Retro Validation Team | The Retro Validation Team (RVT) will receive the Final Disposition Report (FDR) through eRPT (Electronic Submission notifications) located at Mountain View location, Scottsdale, AZ. |
| **Rx** | Prescription | Verbal or written medication order. “Rx” comes from the Latin word “recipe” which means “receive” or “take” as in “take twice a day.” It is abbreviated as an R with a slash through the stem but is typed more simply in English as “Rx.” |
| **RxE** | RxEntry | The queue in which prescriptions are entered. |
| **RxHCC** |  | Specified Low Income Medicare Beneficiary Program. |
| **RECAP** | Remote Electronic Claims Adjudication Process | Innovative point of sale system by which pharmacies can transmit claims and receive immediate notice of whether the claim is payable or is being rejected and why. |
| **RECD** | Received | To be accepted. |

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| **Term** | **Definitions** |
| Reagent | Any substance added to a solution of another substance to participate in a chemical reaction. |
| Reassigned Enrollees | The Centers for Medicare and Medicaid Services (CMS) will reassign certain beneficiaries eligible for the Part D low-income subsidy (Extra Help) to different Medicare Part D plans. |
| Real Time | An **immediate** call is made to the Eligibility Department to update eligibility while the Benefits Office is on the phone.  The Eligibility Department will not speak with the Benefits Office if the member is on the line. Only the Benefits Office may be transferred to the Eligibility Department. |
| Rebate | A monetary amount that is returned to a payer from a prescription drug manufacturer or PBM based on utilization by a covered population and contractual terms. |
| Receiving Party | Party to whom the call is being transferred. |
| Redbook | Reference book for pharmacies. It contains the latest information on prescription and OTC medications. It provides the latest pricing and product information. It includes a broad spectrum of the healthcare information needed by the healthcare professionals, such as:   * Nationally recognized average wholesale prices (AWPs), direct prices, and federal upper limit prices for prescription drugs * Suggested retail prices for Over the Counter (OTC) products * NDC number for all FDA-approved drugs. Complete package information including dosage form, route of administration, strength, and size * ‘Orange Book’ codes – FDA-approved drug products with therapeutic equivalent evaluations   Pricing information for all manufactured drugs not just frequently dispensed products covered by most electronic resources. |
| Redistributors | Companies that provide, under the same NDC, one or more drug products manufactured by a different company. |
| Refill Limitation | Plan design parameter established by the plan sponsor, who restricts the number of refills or quantity of medication a member may receive. |
| Refill Restrictions | **Refill Limitations** can be applied to **POS** and/or **Paper Claims.** The restrictions are designed to migrate maintenance medications to Mail Order Pharmacy, which presents the most cost-effective delivery system for our clients, while allowing members the opportunity to address their initial prescription quickly through POS/Retail. These limitations can apply to all medications, a class of medications, or a specific medication. See Plan Summary in PeopleSafe. |
| Refunds | Refer to Electronic check refund or Manual refund or CC refund. |
| Refused | To decline to do, accept, give, or allow. |
| Region | * CMS approved geographic area from which the plan sponsor is permitted to accept enrollment requests. * SSIC is available in all 34 regions Blue MedicareRx (NEJE) are restricted to the four states:   + - Connecticut     - Massachusetts     - Rhode Island     - Vermont * EGWP can be anywhere within the United States and its territories. |
| Reimbursement | Amount paid back for money already spent OR amount refunded for costs incurred or expenses paid. |
| Reinstatement | Reactivate the coverage of an insured plan member or plan members. |
| Reject Codes | Standardized rejected claim types established through NCPDP and generally utilized by all Pharmacy and Medical claim processors. |
| Rejection | Payer denies payment for a submitted claim. It is possible that the claim was incorrectly submitted, or was incomplete, and if that were the case the claim could be resubmitted. |
| Reject Resolution | Claims that reject are reviewed by Help Desk CCR’s or other of our employees for possible real-time resolution at point of service. May be resolved retrospectively if questions later arise by Claims Processors. |
| Retroactive | Transactions with effective dates that are prior to the current processing month (CPM). CMS classifies retroactive actions into three categories:   * **Categories 1 & 2** represent normal business processes that organizations may address through existing channels. * **Category 3** retroactive action, is however, considered an exception and requires the PDP sponsor involve their CMS Account Manager. A retroactive action should not be confused with a reinstatement.   Unlike a reinstatement, which is a corrective action to “erase” an action, a retroactive enrollment (or disenrollment) is viewed as an action to enroll (or disenroll) a Beneficiary into (or out of) a plan for a new time period. |
| Repackagers | Companies that provide, under the same NDC, one or more drug products manufactured by a different company. |
| Repatha | Brand name for a PCSK9 medication used to help regulate/reduce cholesterol.  PCSK9 Drugs are distributed by CVS Retail and In Network pharmacies. Mail Order and Specialty no longer fill these medications. |
| Restricted Recipient | Member who can only have medications prescribed by approved Physicians or filled by approved Pharmacies. |
| Retail Input code | This is the code that a retail pharmacy uses to transmit a prescription claim to us on behalf of a prescription benefit member. This code is usually the same as the Client Code. This is also known as the Group Code. |
| Retail Logic | Retail Logic is the information needed to process claims through the adjudication system. The components include a combination of:   * RxBIN Number * RxGroup Number * RxPCN * ID Number * Member’s Name * Date of Birth |
| Retail 90 | Plan design option that allows members to use a network of retail pharmacies which can dispense a 90-day supply of prescriptions.  The member can use any Retail 90 Network Pharmacy. |
| Retail Pharmacy Network | Contracted group of retail pharmacies, which offer, discounts on medication dispensing in exchange for official recognition as a plan’s pharmacy provider. |
| Risk-Sharing | Contractual agreements that allow for sharing in financial risks and rewards associated with various health care services or management. |
| Role Code | Numeric code that grants permissions to a specific level of access or screens within a Client Services or QL application. |
| Rolling Year | A “rolling year” starts based on the date provided in the document and ends a year later.  **Example:** If a rolling year starts on November 2, 2015, the rolling year would end on November 1, 2016. The new rolling year would begin on November 2, 2016. |
| ROBOT | Automated process in RxClaim that reprocessed Retro-LICS (RLICS) adjustments. |
| Rx Detail Problems | Active for MOR delivery method, displays conflicts, interventions, and resolution. |
| Rx Versions | Active for mail-order prescriptions only, the PeopleSafe screen that lists originally prescribed medications, generic or formulary substitutions, and, if applicable, a “switch-back” to the originally prescribed medication. |
| RxConnect | Our Retail pharmacy system previously upgraded to meet the compliance requirements to handle e-prescribed controlled substances. |
| RxClaim | Claim adjudication system. |
| Rx Request | Name of our automated prescription refill and information system. Rx Request is available to members 24hours a day, 7days a week to:   * Place a prescription refill. * Check on the status of prescription orders. * Request order and/or claim forms. * Locate a convenient in-network retail pharmacy. |

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