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Open Access Programs	Open access programs do not require members to select a network primary care physician (PCP), though it is recommended. Like Point of Service (POS) programs, open access programs allow members to receive care outside of the network. For out-of-network care, benefits are paid at the program’s lower level of reimbursement, and the members are responsible for filing claims and pre-certifying care.
Open Enrollment	A period each year when a member has the opportunity to change or elect their health care coverage.
Optical Character Recognition (OCR) Scanner	Highmark uses an OCR (Optical Character Recognition) scanner for direct entry of paper claims and encounters into its claims processing system, OSCAR (Optimum System for Claims Adjudication and Reporting). OCR technology is an automated alternative to manually entering claims data. The OCR equipment scans the claim form, recognizes and “reads” the printed data, and then translates it into a format for direct entry into OSCAR – our claims processing system.
Out-of-Network Provider	Physicians, hospitals, or other health care providers who do not contract with a health plan.
Out-of-Pocket Maximum	The maximum dollar amount a member is required to contribute towards the cost of covered services in a benefit period. This limit protects a member from very high costs by capping the total amount they will have to pay for covered health care services. The out-of-pocket limit always includes coinsurance, and may include other cost-sharing amounts such as copayments or deductibles. Some services, such as prescription drug expenses, may be excluded from the out-of-pocket limits.
Outpatient	Highmark defines “outpatient” as a patient, other than an inpatient, who is treated in a hospital, on hospital grounds, or in a hospital-owned or controlled satellite (when it has been determined that the satellite is an outpatient department of the hospital). This definition does not apply when a treating physician’s sole practice is located in a hospital or hospital owned building and the practice is not affiliated or controlled, in any way, by the hospital or a related entity, or the practice has been approved by Provider Data Analysis to be recognized as an office practice.