HEALTH CARE REFORM
Acronyms and Terms

The health care field has a language of its own. With health care reform, new terms appear almost daily. To assist ACAAI and AAAAI members, the Joint Task Force on Healthcare Reform prepared the following definitions of health care acronyms and terms.

Sources: This resource guide was developed by Dr. Richard Honsinger. Definitions were derived from a variety of expert sources including the AMA and the Healthcare Association of New York State.

Select one of the following letters to view the list of acronyms that begins with that letter.

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

A

AAE Association of Asthma Educators
The Association of Asthma Educators was founded in 1998 as a non-profit organization dedicated to providing quality education to a multidisciplinary group of asthma educators. As such, AAE serves as the premier professional organization representing health care professionals who identify themselves as asthma educators, many of whom will sit for the national asthma educator certification examination.

AAFP American Academy of Family Physicians
The American Academy of Family Physicians (AAFP) is the national association of family doctors. It is one of the largest national medical organizations, with more than 105,900 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam, as well as internationally.

AAMC Association of American Medical Colleges
A non-profit association that represents accredited U.S. and Canadian medical schools, major teaching hospitals and health systems, and academic and professional societies representing faculty members, medical students, and residents.

AAOA American Academy of Otolaryngic Allergy
The American Academy of Otolaryngic Allergy (AAOA) is a medical professional organization focused on issues relating to allergic and related inflammatory disorders and patient care. As a national medical specialty organization, the AAOA represents over 2700 Board-certified otolaryngologists and other health care providers, who devote part of their practice to the diagnosis and treatment of allergic and other related disorders.

AAP American Academy of Pediatrics
Founded in 1930, this association's members include pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists.

AARC American Association of Respiratory Care
With more than 49,000 members nationwide, the AARC is the only professional society for respiratory therapists in hospitals and with home care companies, managers of respiratory and cardiopulmonary services, and educators who provide respiratory care training.

ABIM American Board of Internal Medicine
ABIM is one of 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS). Through ABMS, the boards work together to establish common standards for physicians to achieve and maintain board certification. The boards were founded by their respective specialties to protect the public by assessing and certifying doctors who meet specific educational, training and professional requirements. ABIM is an independent, non-profit organization.

ABN Advance Beneficiary Notice
A written notice that a provider gives to a Medicare beneficiary before he or she receives specified items or services that otherwise might be paid for, to inform the beneficiary that Medicare probably will not pay for them on that particular occasion.

Accreditation
A process by which an organization evaluates a health care facility or one of its services to determine if it meets certain professional standards. The Joint Commission accredits most health care facilities. The National Committee on Quality Assurance accredits most managed care organizations.

ACGME Accreditation Council for Graduate Medical Education
ACGME is responsible for the accreditation of post-medical doctor medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines

ACHE American College of Healthcare Executives
A professional association for health care facility administrators.

ACIP Advisory Committee on Immunization Practices
ACIP provides advice and guidance to CDC, develops written recommendations for the administration of vaccines to the pediatric and adult populations, and reviews and reports on existing immunization practices.

ACO Accountable Care Organization
A network of health care providers that band together to provide the full continuum of health care services for patients. An ACO shares responsibility for providing care to patients. In the new law, an ACO would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years.

ACP American College of Physicians
The American College of Physicians (ACP) is a national organization of internists — physicians who specialize in the prevention, detection and treatment of illnesses in adults. ACP is the largest medical-specialty organization and second-largest physician group in the United States. Its membership of 132,000 includes internists, internal medicine subspecialists, and medical students, residents, and fellows.

ACCP American College of Chest Physicians
Founded in 1935, the ACCP has always been in the forefront of cardiopulmonary medicine. Its mission is to promote the prevention, diagnosis, and treatment of chest diseases through education, communication, and research

ACPE American College of Physician Executives
ACPE represents physician executives with management or administrative responsibilities.

Acute Care
Care provided for a short-term illness or injury.

ACQA or AQA Ambulatory Care Quality Alliance
The Ambulatory Care Quality Alliance (AQA) was founded in 2004 by the American Academy of Family Physicians (AAFP), American College of Physicians (ACP), America's Health Insurance Plans (AHIP), and Agency for Healthcare Research and Quality (AHRQ). The AQA has grown into a broad based collaborative of over 100 organizations including clinicians, consumers, purchasers, health plans and others. Its mission is to improve patient safety, health care quality and value in all settings through a collaborative process in which stakeholders agree on and promote strategies.

ADA Americans with Disabilities Act
The federal law providing comprehensive civil rights protection to individuals with disabilities.

ADAP AIDS Drug Assistance Program
A program operated by individual states to provide vital medications to low-income uninsured or under-insured people with HIV and AIDS.

ADE Adverse Drug Event
A patient complication set into motion by a medication, administration, or combination of medication error or reaction.

ADHC Adult Day Health Care
ADHC provides services to adults who do not require 24-hour institutional care, yet are not capable of full-time, independent living. Typically, ADHC includes recreation, supervision, meals, and health care in a protective setting.

Admissions (Admits)
Patients admitted in a hospital or inpatient facility for an overnight stay during a particular period.

Admitting Privilege
Authorization for a clinician to admit patients to a hospital.

ASCA Administrative Simplification Compliance Act
The Administrative Simplification Compliance Act (ASCA) prohibits payment of services or supplies that a provider did not bill to Medicare electronically. “Provider” is used in a generic sense here and refers equally to physicians, suppliers, and other health care providers. Providers are required to self-assess to determine whether they meet certain permitted exceptions to this electronic billing requirement.

ADT Admission, Discharge, and Transfer
ADTs are computer systems that allow efficient management of hospital stays and support the administrative functions of patient registration, admission, discharge, and transfer.

ARNP Advanced Registered Nurse Practitioner
A licensed advanced registered nurse practitioner (ARNP) is a registered nurse prepared in a formal educational program to assume primary responsibility for continuous and comprehensive management of a broad range of patient care, concerns and problems.

Advance Directives
Instructions or orders issued either orally or in writing to give directions about future medical care or to designate another person(s) to make medical decisions if the patient should lose the capacity to make decisions.

Affiliated Staff
Professionals viewed as an adjunct to a hospital’s medical staff.

A&G Administrative and General
A category of expenses for medical claims payment.

AHA American Hospital Association
The national trade organization for hospitals, other inpatient care facilities, health systems, outpatient centers, Blue Cross plans, area-wide planning agencies, and hospital schools for nursing.

AHIMA American Health Information Management Association
A national trade association of medical records professionals.

AHIP America’s Health Insurance Plans
The principal national trade association representing health maintenance organizations, preferred provider organizations, and other network-based health plans.

AHRQ Agency for Healthcare Research and Quality
A division of HHS’ Public Health Service that develops and administers a program of health services research, demonstrations, evaluations and research training, studies, and related grant and contract-supported activities covering the financing, organization, quality, and utilization of health services.

Allied Health Professional
Specially trained and often licensed health workers other than physicians, dentists, optometrists, chiropractors, podiatrists, and nurses.

ALOS Average Length of Stay
The average number of days in a hospital for each admission.

ALP Assisted Living Program
A state program providing supportive housing and home care services to individuals who are medically eligible for placement in a nursing facility but who do not require around the-clock skilled nursing services.

AMA American Medical Association
A professional association representing physicians in the United States. Since 1847 the American Medical Association (AMA) has had one mission: to promote the art and science of medicine and the betterment of public health. Today, the core strategy used to carry out this mission is a concerted effort to help doctors help patients. AMA does this by uniting physicians nationwide to work on the most important professional and public health issues.

AMA-SMS American Medical Association's Socioeconomic Monitoring System
This is a public use file that contains data on physician earnings, expenses and work patterns:
• Annual net income from medical practice
• Annual tax-deductible professional expenses
• Number of hours spent per week in different practice settings
• Number of visits per week in different practice settings
• Managed care contractual details

Ambulatory Care
Health care services that do not require the hospitalization of a patient. These services include outpatient care at a hospital and care provided at a physician's office, clinic, or other facility.

AMC Academic Medical Center
A hospital owned by a medical school or where most clinical service chiefs also serve as medical school department chairs.

ANCC American Nurses Credentialing Center
ANCC certification signifies that a nurse has attained specific knowledge, skills, and abilities in a certain specialty field.

Ancillary Care
Additional services performed related to care, such as laboratory work, x-ray, and anesthesia.

Ancillary Charge
Also referred to as hospital "extras" or miscellaneous hospital charges, they are supplementary to a hospital's daily room and board charge. They include such items as charges for drugs, medicines, dressings, laboratory services, x-ray examinations, and use of the operating room.

AOA Administration on Aging
The principal federal agency designated to carry out the provisions of the Older Americans Act of 1965.

AONE American Organization of Nurse Executives
A subsidiary of the American Hospital Association, AONE has about 4,000 nurse members nationwide. AONE's mission is to represent nurses who improve health care and to advocate for sound public health policy. See also: NYONE.

APC Ambulatory Payment Classification
The system used to establish Medicare payment for hospital outpatient procedures under the Outpatient Prospective Payment System.

APR-DRGs All Patient Refined Diagnosis Related Groups
A patient classification system, developed by the 3M Corporation, that uses hospital patient discharge data and computer-based logic to assign patients to severity of illness and risk of mortality classes so they can be accurately compared in terms of length of stay, resource consumption, and outcomes.

ARD Assessment Reference Date
All clinicians must document findings about a nursing home resident using the same seven-day observation period for the Minimum Data Set. The ARD is the last day of a seven-day assessment window.

ASCO American Society of Clinical Oncology
A non-profit organization that represents clinical oncologists, ASCO supports cancer research, particularly patient-oriented clinical research.

ASO Administrative Services Organization
A managed care administrative entity that performs certain tasks for managed care companies and insurers. An ASO is not an insurance plan and is not licensed to sell insurance.

ASU Ambulatory Surgery Unit
A unit that provides ambulatory surgery services within a hospital.

B

BBA Balanced Budget Act of 1997
This legislation drastically cut Medicare payments to health care providers and provided federal funding for states' health insurance programs for children. See also: SCHIP.

BBRA Balanced Budget Refinement Act of 1999
This Act modified some of the provisions in the BBA, adding an estimated $11 billion to Medicare spending in fiscal years 2000 through 2002.

Bed Days
The total number of days of hospital care (excluding day of discharge) provided to a health plan member.

Benchmarking
Measuring another organization's or person's product or service by specific standards and comparing it with one's own product or service.

Best Practice
A technique, methodology, or action that, through experience and/or research, has proven to lead to a desired result.

Board Certified
Describes a physician certified as a specialist in his/her area of practice.

Board Eligible
A physician who has graduated from a board-approved medical school, completed an accredited training program, practiced for a specific length of time, and is eligible to take a specialty board examination.

C

CAH Critical Access Hospital
A federal designation that enables essential rural hospitals to downsize while continuing to provide key services in affiliation with a full-service acute care hospital.

Capitation
A method of payment for health care services in which a physician, hospital, or provider group is paid a fixed amount (typically monthly) for each person enrolled in a plan regardless of the actual number or nature of services provided.

Case Management
An arrangement where a “case manager” who is not a physician (usually a Registered Nurse or a Masters in Social Work) serves as a medical ombudsman responsible for coordinating the care process for selected consumers.

Catastrophic Coverage
Insurance that covers illnesses or injuries resulting in unusually expensive or lengthy treatment.

CBER Center for Biologics Evaluation and Research
CBER is the Center within FDA that regulates biological products for human use under applicable federal laws, including the Public Health Service Act and the Federal Food, Drug and Cosmetic Act. CBER protects and advances the public health by ensuring that biological products are safe and effective and available to those who need them. CBER also provides the public with information to promote the safe and appropriate use of biological products.

CDC Center for Disease Control and Prevention
A federal agency charged with protecting the public health by providing leadership and direction in the prevention and control of diseases; it also responds to public health emergencies.

CDER Center for Drug Evaluation and Research
The Center for Drug Evaluation and Research (CDER) performs an essential public health task by making sure that safe and effective drugs are available to improve the health of people in the United States. As part of the U.S. Food and Drug Administration (FDA), CDER regulates over-the-counter and prescription drugs, including biological therapeutics and generic drugs.

CBO Congressional Budget Office
A nonpartisan organization that provides the U.S. Congress with budget-related information and analyses of alternative fiscal, budgetary, and program issues.

CBSA Core-Based Statistical Area
The federal Office of Management and Budget defines a CBSA as "a geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties." There are two categories of CBSAs: Metropolitan Statistical Areas (MSAs) and Micropolitan Statistical Areas. MSAs are based on urbanized areas of 50,000 or more population and Micropolitan Statistical Areas are based on urban clusters with a population of at least 10,000 but less than 50,000.

CC Complications and Comorbidities
A classification system of the level of complications and comorbidities. Complications are unsuspected conditions that arise during treatment of a patient. Comorbidities are medical conditions known to increase risk of death that exist in addition to the most significant condition that causes a patient's stay in the hospital.

CCI Correct Coding Initiative
CMS maintains a system of coding edits utilized nationally by all Medicare carriers. These coding edits are released on a quarterly basis into the system known as the CCI and incorporated into claims processing systems used by Medicare carriers to determine payments to physicians.

CDM Charge Description Master
The list of the lines of services provided in a facility, with each line containing a charge number and other data components. The charge number is used to generate a bill for the services, supplies, and pharmaceuticals provided to the patient during an episode of care.

CGFNS The Commission on Graduates of Foreign Nursing Schools
Agency designated by the U.S. Immigration and Naturalization Service to obtain certifications for immigrant visas for registered nurses, licensed practical nurses, and licensed vocational nurses.

CHA Catholic Health Association
A national association of Catholic hospitals, health care facilities, religious orders, health care systems, and extended care facilities.

Claim
A formal request by a health care provider to receive payment for services.

Clinical Integration
A care delivery design approach that can improve efficiency, reduce costs, and improve patient outcomes through more consistent use of clinical standards by physicians and organizations. "Vertical" clinical integration involves aligning care delivery between hospitals and physicians or hospitals and continuing care providers. "Horizontal" clinical integration involves aligning across non-corporate-related providers.

Clinical Pathway
A treatment protocol including only the vital components or items proved to affect patient outcomes.

CME Continuing Medical Education
Education for medical professionals (i.e., a physician learns new medical techniques or technologies).

CMS Centers for Medicare and Medicaid Services
A division of HHS that administers the Medicare program and some aspects of state Medicaid programs.

COBRA Consolidated Omnibus Budget Reconciliation Act
A federal law that, among other things, requires employers to offer continued health insurance coverage to certain employees and their beneficiaries whose group insurance has been terminated.

COGME Council on Graduate Medical Education
A 28-member state advisory body that provides guidance to the Governor and Commissioner of Health on the formulation and implementation of state policies relating to medical education and training.

Coinsurance
A form of cost sharing under a health care plan where the enrolled person pays a specified percentage of the cost of covered services received.

Copayment
A form of cost sharing under a health care plan where the enrolled person pays a specified dollar amount every time he or she receives a covered service. See also: Cost-Sharing.

COPD Chronic Obstructive Pulmonary Disease
Several lung diseases are collectively known as COPD, including asthmatic bronchitis, chronic bronchitis, and emphysema.

COPs Conditions of Participation
Conditions that health care organizations must meet to participate in the Medicare and Medicaid programs.

CPHQ Certified Professional in Healthcare Quality
By granting CPHQ status, the Healthcare Quality Certification Board recognizes professional and academic achievement by individuals in the field of health care quality management. The comprehensive body of knowledge includes quality management, quality improvement, case/care/disease/utilization management, and risk management at all employment levels and in all health care settings.

CPOE Computerized Provider Order Entry
A computer application that accepts a physician's orders electronically. CPOE systems also provide clinical information useful to the physician at the point of care including the patient's active problems, medications, allergies, relevant laboratory data, and current preventive health care status.

CPT-4 Current Procedural Terminology, 4th Edition
A system of terminology and coding developed by the American Medical Association and used for describing, coding, and reporting medical and surgical procedures.

CQI Continuous Quality Improvement
A management strategy that builds quality into every aspect of the organization, encouraging staff to become involved in problem-solving processes to improve operations.

CV Curriculum Vitae
A career summary prepared for a job application resume that contains personal details, education, qualifications, and experience.

D

DO Doctor of Osteopathic Medicine
In addition to complete medical doctor education, DO training emphasizes primary and preventive care. DOs practice a "whole person" approach to medicine, viewing the body as an integrated whole. DOs also receive extra training in the musculoskeletal system.

DRA Deficit Reduction Act of 2005
This legislation temporarily staved off a scheduled Medicare payment cut to physicians. It also included a limited number of provider provisions and gave states flexibility to significantly reform their Medicaid programs.

DRGs Diagnosis Related Groups
A method for classifying patients in categories according to patient diagnosis and treatment resource requirements. It is the basis for CMS' hospital Prospective Payment System for Medicare and for state Medicaid inpatient reimbursement. See also: APDRG, MS-DRG, and APR-DRG.

E

E&M Evaluation and Management
A set of Current Procedural Terminology codes that refer to evaluation and management services.

ED/ER Emergency Department/Emergency Room
A department that provides immediate emergency care on a 24-hour basis for acutely ill or injured persons.

EDI Electronic Data Interchange
The process of electronically sending and receiving data between systems, generally for claims processing and/or submitting payments to financial institutions.

EHR Electronic Health Record
A medical record or any other information relating to a patient's physical and mental health, which resides in computers that capture, transmit, receive, store, retrieve, link, and manipulate medical data for the primary purpose of providing health care and health-related services. EHR records include patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

EMR Electronic Medical Record
A computer-based patient medical record, an EMR facilitates access to patient data by clinical staff at any given location, claims processing by insurance companies, automated checks for drug and allergy interactions, clinical notes, prescriptions, and scheduling.

EMTALA Emergency Medical Treatments & Active Labor Act
In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

ENT Ear, Nose & Throat
ENTs are the medical specialty dealing with disorders in the ears, nose and throat and related regions of the neck and base of the skull. ENTs are often referred to as Otolaryngologists.

eNO Exhaled Nitric Oxide
Exhaled nitric oxide (eNO) can be measured in a breath test for asthma or other conditions characterized by airway inflammation. Nitric oxide (NO) is a gaseous molecule produced by certain cell types in an inflammatory response. The fraction of exhaled NO (FE_{NO})is a promising biomarker for the diagnosis, follow-up and as a guide to therapy in adults and children with asthma.

Experience Rating
A method of determining health care plan premiums based partially or wholly on the previous experience of the rated group or pool of groups.

F

FFS Fee-For-Service
The traditional payment system in which the health care provider bills the patient or insurer for each visit and service provided.

FMG Foreign Medical Graduate
A physician who graduated from a medical school outside of the United States (also referred to as IMG, or international medical graduate).

FOIA/FOIL Freedom of Information Act/Freedom of Information Law
Federal and state laws allowing citizens and organizations access to government records while safeguarding individuals' rights to privacy.

G

GAO Government Accountability Office
The U.S. Government Accountability Office (GAO) is an independent, nonpartisan agency that works for Congress. Often called the "congressional watchdog," GAO investigates how the federal government spends taxpayer dollars. The head of GAO, the Comptroller General of the United States, is appointed to a 15-year term by the President from a slate of candidates Congress proposes.

GDP Gross Domestic Product
Gross domestic product (GDP) refers to the market value of all officially recognized final goods and services produced within a country in a given period. GDP per capita is often considered an indicator of a country's standard of living. Under economic theory, GDP per capita exactly equals the gross domestic income (GDI) per capita

GME Graduate Medical Education
Medical education after receiving the medical doctorate or equivalent degrees, including education received as an intern, resident, or fellow.

GPO Government Printing Office
The U.S Government Printing Office (GPO) provides publishing and dissemination services for the official and authentic government publications to Congress, Federal agencies, Federal depository libraries, and the American public.

Group Practice Model
A type of health maintenance organization in which physicians practice in a common facility and use common staff. Income is pooled and distributed according to an agreed upon plan.

GSA General Services Administration
A federal agency that provides other federal agencies the workspace, products, services, and technology they need to accomplish their missions

H

HAC Healthcare-Acquired Condition
A medical problem that was not present on admission to a hospital. The term is used in federal and state regulations.

HAI Healthcare-Acquired Infection
Any infection treated in the hospital that was not present on admission. The term is used in federal and state regulations.

HCPCS Healthcare Common Procedure Coding System
An expansion of Current Procedural Terminology codes used by CMS to code medical and surgical procedures.

HCFA Healthcare Financing Administration
HCFA provides health insurance for over 74 million Americans through Medicare, Medicaid and Child Health. The majority of these individuals receive their benefits through the Fee-for-Service delivery system, however, an increasing number are choosing managed care plans. In addition to providing health insurance, HCFA also regulates all laboratory testing (except research) in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA) program.

Heath Care Reform Legislation
Health care reform legislation generally refers to:

- **The Patient Protection and Affordable Care Act** (PPACA) P.L. 111-148 — Signed into law by the President on March 23, 2010 and amended by:
- **The Reconciliation Act of 2010** H.R. 4872 —Signed by the President on March 30, 2010

HEDIS® Health Plan Employer Data and Information Set
Part of the process used by the National Committee for Quality Assurance in accrediting managed care organizations. This tool is used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

HHS Department of Health and Human Services
The federal agency that administers most federal health programs, including Medicare.

HIMSS Health Information Management System Society
A professional society for data processing within hospitals.

HIPAA Health Insurance Portability and Accountability Act of 1996
HIPAA governs privacy, security, and electronic transaction standards for health care information. This federal law also protects individuals' rights to health coverage during events such as changing or losing jobs, pregnancy, moving, or divorce.

HMO Health Maintenance Organization
A prepaid group health plan that provides a range of services for a fixed monthly premium. Following are characteristics of various types of HMOs:

- **Group Model HMO**
  The HMO has contracts with physicians organized as a partnership, professional corporation, or other association. The HMO compensates the medical group for services at a contracted rate, and that group is responsible for compensating its physicians and contracting with hospitals for care of their patients. The group can be "captive"—serving only the HMO's patients, or "independent"—serving non-HMO patients.
- **Individual Practice Association Model HMO**
  IPA model HMOs contract with an association of physicians—the IPA. Physicians continue in their existing practices and are compensated on a per capita, or fee-for service basis.
- **Network Model HMO**
  A type of HMO where a network of two or more existing group practices has contracted to care for the majority of patients enrolled in an HMO plan.
- **Open Panel HMO**
  An HMO in which any licensed physician in an area is eligible to join the HMO.
- **Social HMO**
  A type of HMO developed mainly on a demonstration basis with government funding. It is intended to supplement traditional HMO medical services to include expanded coverage for prescriptions and chronic care services to elderly and disabled enrollees.
- **Staff Model HMO**
  A type of HMO where the majority of enrollees are cared for by physicians who are on the staff of the HMO.

HOD House of Delegates
The American College of Allergy, Asthma and Immunology House of Delegates shall serve as a forum for the discussion of issues and dissemination of information among allergists and provide a mechanism for the official input of local, state and regional allergy societies to the ACAAI Board of Regents. The ACAAI House of Delegates is composed of Delegates and Alternate Delegates **f**rom each recognized local, state and regional allergy (LSR) society.

Hold-Harmless
When used in health care reimbursement, hold-harmless means that a new reimbursement provision or system is designed to ensure that a provider will not receive less reimbursement than the provider would have received before the new provision or system was implemented.

Hospice Care
Health care that addresses the physical, emotional, social, financial, and legal needs of terminally ill patients and their families.

Hospitalist
A physician who specializes in caring for hospitalized patients. Hospitalists coordinate patient care and keep the primary care physician informed of the patient's condition and progress on a daily basis.

HPN Health Provider Network
HPN is a secure, Internet-based system used by DOH to communicate and exchange data with, and distribute software to, hospitals and other health care providers.

HRSA Health Resources and Services Administration
This federal agency directs national health programs assuring quality health care to under-served, vulnerable, and special-need populations. It also promotes appropriate health professions workforce capacity and practice.

HSRV Hospital-Specific Relative Value
A weighting system used in the Medicare Inpatient Prospective Payment System that adjusts for a hospital's costs.

I

ICD International Classification of Disease
A system developed by the World Health Organization for classifying mortality data from death certificates.

ICD-9-CM International Classification of Disease, Ninth Revision, Clinical Modification
ICD-9-CM is a classification system that groups related diseases and procedures for the reporting of statistical information. Maintenance of the system is shared by CMS and the National Center for Health Statistics. A new ICD-10-CM system is being developed to eplace the IDC-9-CM system on October 1, 2011.

ICU Intensive Care Unit
A specially equipped nursing unit for monitoring and treating seriously ill patients.

IDN Integrated Delivery Network
A group of providers that organize with the purpose of providing a coordinated continuum of health care services to its members. An IDN may or may not include traditional insurance companies. An IDN generally receives payment and then pays its providers on a capitated basis.

IDS Integrated Delivery System
An entity composed of affiliated providers certified by DOH to deliver comprehensive health care services on a capitated basis.

IME Indirect Medical Education
Reimbursement that recognizes the higher costs teaching hospitals incur while training interns and residents. Under the Medicare Prospective Payment System, IME payments are based on a hospital's teaching intensity, which is measured by the ratio of interns and residents to beds.

IMG International Medical Graduate
A physician who graduated from a medical school outside of the United States. See also: FMG.

Indemnity Insurance
A type of health care insurance coverage where enrolled members are reimbursed for all or part of their health care expenditures and the enrolled members choose their own providers. Typically, there are enrollee deductibles and coverage limits.

ICS Inhaled Corticosteroid
Inhaled corticosteroids (ICS), also known as inhaled steroids, are a potent anti-inflammatory controller medication for the treatment of asthma and are the current mainstay of treatment once a patient needs more than a rescue inhaler for asthma. Inhaled corticosteroids improve asthma control.

Inpatient
A patient who has been admitted at least overnight to a hospital or other health facility and occupies a hospital bed, crib, or bassinet while under observation, care, and diagnosis. Also refers to the services provided to these individuals.

IMAC Independent Medicare Advisory Council
The Independent Medicare Advisory Council (IMAC) makes recommendations on Medicare reimbursement policy and other reforms – playing a critical role in allowing health care policy to adjust flexibly to a dynamic health care market, thereby helping contain costs and improve quality over time.

IME Independent Medical Examinations
An independent medical examination (IME) occurs when a doctor/physical therapist/chiropractor who has not previously been involved in a person's care examines an individual. There is not doctor/therapist-patient relationship. IMEs may be conducted to determine the cause, extent and medical treatment of a work-related or other injury where liability is at issue; whether an individual has reached maximum benefit from treatment; and whether any permanent impairment remains after treatment. An IME may be conducted at the behest of an employer or an insurance carrier to obtain an independent opinion of the clinical status of the individual. Workers' compensation insurance carriers, auto insurance carriers, and self-insured employers have a legal right to this request. Should the doctor/therapist performing the IME conclude that a patient's medical condition is not related to a compensatable event, the insurer may deny the claim and refuse payment.

IOM Institute of Medicine of the National Academy of Sciences
IOM provides information and advice concerning health and science policy to government, the corporate sector, the professions, and the public. The federal government created the National Academy of Sciences to be an advisor on scientific and technological matters. The Academy and IOM are private, non-governmental organizations and do not receive direct federal appropriations.

J

JCR Joint Commission Resources
An affiliate of The Joint Commission, JCR offers health care providers consulting services, educational services, and publications to assist in improving quality and safety and help in meeting Joint Commission accreditation standards.

JCAHO The Joint Commission on Accreditation of Healthcare Organizations
A private, non-profit organization dedicated to the development of optimal, achievable standards and the conduct of surveys to encourage the attainment of uniform high standards of hospital, nursing home, and home health care.

L

LABA Long Acting Beta Agonists
Long-Acting Beta Agonists (LABAs) are inhaled medications that are used in the treatment of asthma and chronic obstructive pulmonary disease (COPD).

LCD Local Coverage Determination
To administer this care to its beneficiaries, CMS has developed a process by which it determines coverage for services provided to beneficiaries by physicians. CMS has developed two types of coverage to administer benefits for beneficiaries: National Coverage Determination (NCD) Policy and a Local Coverage Determination (LCD) Policy.

LOS Length of Stay
A standard measure of hospital usage, obtained by dividing patient discharges into days of care.

LPN Licensed Practical Nurse
A person who has undergone training and obtained a license from a state conferring authorization to provide routine care for the sick.

LTC Long-Term Care
Continuous or recurring care provided for a chronic illness.

LTD Long-Term Disability
An insurance program providing lost time benefits to disabled employees.

M

Malpractice
A dereliction from professional duty or a failure to exercise an accepted degree of professional skill or learning by one (such as a physician) rendering professional services which result in injury, loss, or damage. Also refers to the insurance that covers instances of malpractice.

Managed Care
A health insurance provider or plan that attempts to control costs by closely monitoring patient treatment, limiting referrals to outside providers, and requiring pre-authorization for hospital care and surgical procedures.

MCO Managed Care Organization
Any organization or health care plan that takes a managed care approach to the delivery of services.

MD Doctor of Medicine
One duly licensed to practice medicine.

MDCs Major Diagnostic Categories
A grouping of diagnostic related groups pertaining to major body areas or groups of diagnoses, i.e., musculoskeletal systems, mental health, etc.

MGMA Medical Group Management Association
MGMA-ACMPE is a membership association for professional administrators and leaders of medical group practices. In 2011, members of the Medical Group Management Association (MGMA), and its standard-setting body, the American College of Medical Practice Executives (ACMPE) voted to merge to form a new association, MGMA-ACMPE. Since 1926, the Association has delivered networking, professional education and resources and political advocacy for medical practice management. The Association started as a small network of clinic managers, called the National Association of Clinic Managers, which met for the first time in Madison, Wis., in 1926. The name was changed to the Medical Group Management Association in 1963 to reflect the diverse management roles found in group practice.

Medical Home
Health care setting where patients receive comprehensive primary care services; have an ongoing relationship with a primary care provider who directs and coordinates their care; have enhanced access to non-emergent primary, secondary, and tertiary care; and have access to linguistically and culturally appropriate care.

Medicaid
A joint federal and state health care assistance program for low-income persons of any age and some people with long-term disabilities. In New York State, county governments share in funding Medicaid.

Medicare
A federally sponsored health insurance program for those aged 65 and over, as well as certain other eligible individuals. It has four parts: Part A covers inpatient costs; Part B covers outpatient costs; Part C is the Medicare+ Choice program; and Part D covers prescription drugs.

MAC Medicare Administrative Contractors
The healthcare reform law mandates that CMS conduct full and open competitions, in compliance with general federal contracting rules, for the work currently handled by fiscal intermediaries and carriers in administering the Medicare fee-for-service program. CMS hopes that Medicare contracting reform will integrate and simplify the administration of Medicare Parts A and B with primary Part A/Part B MACs which will process both Part A and Part B claims for the fee-for-service benefit. Prior to the transition, there were 23 FIs and 17 carriers. Under Medicare contracting reform, there will be 23 MACs with no national MAC. MACs will serve as the primary point of contact for provider enrollment, Medicare coverage and billing requirements training for providers, and the receipt, processing and payment of Medicare fee-for-service claims for Medicare providers' respective jurisdictions.

MEI Medicare Economic Index
The Medicare Economic Index (MEI) is a measure of practice cost inflation that was developed in 1975 as a way to estimate annual changes in physicians' operating costs and earnings levels. Data is available on a timeline that shows how Medicare has paid physicians over time and also describe some adjustments CMS makes to the MEI to either improve its accuracy or reduce its growth.

MFS Medicare Fee Schedule
The Centers for Medicare and Medicaid Services (CMS) uses the Medicare Physician Fee Schedule (MFS) to reimburse physician services. The MPFS became effective January 1, 1992 and replaced the old "customary, prevailing, and reasonable" (CPR) charge system. The MPFS is funded by Part B and is composed of resource costs associated with physician work, practice expense and professional liability insurance. Under the MPFS, each of these three elements is assigned a Relative Value Unit (RVU) for each Current Procedural Terminology (CPT®) code. These RVUs are then adjusted based on the Geographical Practice Cost Index (GPCI) associated with various geographic areas for different medical costs and wage differentials. The conversion factor is the national dollar amount that is multiplied by the total geographically adjusted RVU to determine the Medicare allowed payment amount for a particular physician service.

MIPAA Medicare Improvements for Patients and Providers Act of 2008
On July 15, 2008, Congress overrode President Bush's veto and enacted the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). This law is best known for blocking scheduled cuts in Medicare's payments to doctors. What is less understood is that MIPPA makes other important and positive changes to Medicare in three key areas: 1) improvements to Medicare benefits, especially for low-income beneficiaries; 2) new policies to reduce racial and ethnic disparities among people with Medicare; and 3) reining in rapidly-growing and inefficient private Medicare Advantage plans.

MedPAC Medicare Payment Advisory Commission
The Medicare Payment Advisory Commission (MedPAC) is an independent US federal body. MedPAC was established by the Balanced Budget Act of 1997 (P.L. 105-33). Its primary role is to advise the US Congress on issues affecting the administration of the Medicare program. Specifically the commission's mandate is to advise the US Congress on payments to private health plans participating in Medicare and health providers serving Medicare beneficiaries. MedPAC is also relied on by Medicare administrators and policy makers to evaluate beneficiary's access to care and the quality of care received. MedPAC's mandate is broad enough that it can also evaluate other issues affecting Medicare.

MSN Medicare Summary Notices
When Medicare processes a claim for health care services, the claim is detailed in a Medicare Summary Notice (MSN). The MSN is a summary of claims for health care services Medicare processed for during the previous three months. The MSN is not a bill. MSNs are mailed four times a year and contain information about submitted charges, the amount that Medicare paid, and the amount the patient is responsible for.

MDI Metered-Dose Inhaler
A metered-dose inhaler (MDI) is a device that delivers a specific amount of medication to the lungs, in the form of a short burst of aerosolized medicine that is inhaled by the patient. It is the most commonly used delivery system for treating asthma, chronic obstructive pulmonary disease (COPD) and other respiratory diseases. The medication in a metered dose inhaler is most commonly a bronchodilator, corticosteroid or a combination of both for the treatment of asthma and COPD. Other medications less commonly used but also administered by MDI are mast cell stabilizers, such as cromoglicate or nedocromil.

MOC Maintenance of Certification
Maintenance of Certification (MOC) is the process of keeping physician certification up-to-date through one of the 24 approved medical specialty boards of the American Board of Medical Specialties (ABMS). The ABMS, a non-profit organization, is one entity overseeing physician certification in the United States. The Maintenance of Certification program provides an ongoing process that was designed to help physicians keep abreast of advances in their fields, develop better practice systems, and demonstrate a commitment to lifelong learning. Physicians need to have - and maintain - the clinical judgment and skills upon which high quality care depends.

MUE Medically Unlikely Edits
A Medically Unlikely Edit (MUE) is a Medicare unit of service claim edit applied to Medical claims against a procedure code for medical services rendered by one provider/supplier to one patient on one day. Claim edits compare different values on medical claim to a set of defined criteria to check for irregularities, often in an automated claims processing system. MUE are designed to limit fraud and/or coding errors. They represent an upper limit that unquestionably requires further documentation to support. The ideal MUE is the maximum unit of service for a code on the majority of medical claims.

MS-DRG Medicare Severity Diagnosis Related Group
A Medicare classification for patients with diagnoses designated as major complications and comorbidities.

N

NAECB National Asthma Education Certification Board The National Asthma Educator Certification board (NAECB) was incorporated as a not-for-profit organization with the mission "To promote optimal asthma management and quality of life among individuals with asthma, their families and communities by advancing excellence in asthma education through the Certified Asthma Educator process. "An asthma educator is an expert in counseling individuals with asthma and their families on how to manage their asthma.

NCI National Cancer Institute
An agency of the National Institutes of Health that seeks to expand existing scientific knowledge on cancer cause and prevention as well as on the diagnosis, treatment, and rehabilitation of cancer patients

NCD National Coverage Determination
National coverage determinations (NCDs) are made through an evidence-based process, with opportunities for public participation. In some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on a local coverage determination (LCD).

NCQA National Committee for Quality Assurance
A national organization that accredits quality assurance programs in prepaid managed health care organizations.

NDC National Drug Code
An essential part of an out-of-hospital drug reimbursement program under Medicare, the NDC directory serves as a universal product identifier for human drugs.

NGS National Government Services
National Government Services, Inc. is a subsidiary of WellPoint, Inc., a health benefits company. NGS provides federal health care contracting as a national Medicare claims administrator. NGS works closely with the Centers for Medicare & Medicaid Services (CMS) to process 20 percent of the nation’s Medicare claims, more than any other contractor in the country. It serves more than 200,000 providers and over 22 million people with Medicare in 18 states and five U.S. Territories.

NIH National Institutes of Health
Institutes under HHS that conduct and support biomedical research into the causes, prevention, and cure of diseases and support development of research resources. The institutes are: the National Cancer Institute; National Eye Institute; National Heart, Lung, and Blood Institute; National Human Genome Research Institute; National Institute on Aging; National Institute on Alcohol Abuse and Alcoholism; National Institute of Allergy and Infectious Diseases; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Child Health and Human Development; National Institute on Deafness and Other Communication Disorders; National Institute of Dental and Craniofacial Research; National Institute of Diabetes and Digestive and Kidney Diseases; National Institute on Drug Abuse; National Institute of Environmental Health Sciences; National Institute of General Medical Sciences; National Institute of Mental Health; National Institute of Neurological Disorders and Stroke; National Institute of Nursing Research; and the National Institute of Biomedical Imaging and Bioengineering.

NIAID National Institute of Allergy and Infectious Diseases
NIAID conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. For more than 60 years, NIAID research has led to new therapies, vaccines, diagnostic tests, and other technologies that have improved the health of millions of people in the United States and around the world.

NMSN National Medical Support Notice
States must have laws to support the National Medical Support Notice (NMSN), to enforce the provision of health care coverage for children of noncustodial parents and, at State option, custodial parents who are required to provide health care coverage through an employment-related group health plan pursuant to a child support order.

NPSG's National Patient Safety Goals
The National Patient Safety Goals (NPSGs) were established in 2002 to help accredited organizations address specific areas of concern in regards to patient safety. The Joint Commission has released its revised 2012 National Patient Safety Goals (NPSGs).

NPPES National Plan and Provider Enumeration System
The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

NQF National Quality Forum
The National Quality Forum (NQF) is a nonprofit organization that operates under a three-part mission to improve the quality of American healthcare by: (1) Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;(2) Endorsing national consensus standards for measuring and publicly reporting on performance; and (3) Promoting the attainment of national goals through education and outreach programs.

NUBC National Uniform Billing Committee
The National Uniform Billing Committee (NUBC) was brought together by the American Hospital Association (AHA) in 1975 and it includes the participation of all the major national provider and payer organizations. The NUBC was formed to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.

NUCC National Uniform Claim Committee
The National Uniform Claim Committee (NUCC) was formally organized in May 1995. The NUCC replaces the Uniform Claim Form Task Force, which was co-chaired by the American Medical Association (AMA) and the Health Care Financing Administration (HCFA), now known as the Centers for Medicare & Medicaid Services (CMS). The NUCC is a diverse group of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors. The NUCC's goal is to have an authoritative voice regarding national standard data content and data definitions for professional (non-institutional) health care claims and/or related encounter data in the United States

Network
A formally integrated group of providers working together with a common vision and goal, jointly providing services through an integrated continuum of care. Networks contract with carriers or employers to provide health care services to participants in a specified managed care plan. The contract determines the payment method and rates, utilization controls, and target utilization rates by plan participants.

NDA New Drug Application
For decades, the regulation and control of new drugs in the United States has been based on the New Drug Application (NDA). Since 1938, every new drug has been the subject of an approved NDA before U.S. commercialization. The NDA application is the vehicle through which drug sponsors formally propose that the FDA approve a new pharmaceutical for sale and marketing in the U.S. The data gathered during the animal studies and human clinical trials of an Investigational New Drug (IND) becomes part of the NDA.

NP Nurse Practitioner
A registered nurse who is qualified through advanced training to assume some of the duties and responsibilities formerly assumed only by a physician.

O

OCR Office of Civil Rights
As the Department's civil rights and health privacy rights law enforcement agency, OCR investigates complaints, enforces rights, and promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with non-discrimination and health information privacy laws**.**

OMB Office of Management and Budget
The federal office responsible for reviewing the organizational structure and management procedures of the executive branch, supervising and controlling the administration of the budget, and keeping the President informed of the progress of activities by agencies of the government with respect to work proposed, initiated, and completed.

OPD Outpatient Department
Hospital department that provides non-emergency ambulatory care, as contrasted with formal admission to a hospital and inpatient care.

OSHA Occupational Safety & Health Administration
With the Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

P

PA Physician's Assistant
A person certified to provide basic medical services, usually under the supervision of a licensed physician.

Palliative Care
Palliative care is primarily directed at providing relief to a terminally ill person through symptom management and pain management. The goal is not to cure, but to provide comfort and maintain the highest possible quality of life for as long as life remains.

PCMH Patient-Centered Medical Home
Patient-Centered Medical Home, a concept in which a patient's medical care is coordinated by and funneled through a primary care provider, so that all providers caring for that patient work together to avoid redundancy and miscommunication.

PCMHN Patient-Centered Medical Home Neighbor
To achieve the benefits of the patient-centered medical home (PCMH) model, the American College of Physicians issued a policy paper addressing the relationship between specialist and subspecialist physicians and PCMH practices. This paper represents a significant step toward improving care coordination and quality by demonstrating that this model is supported by numerous specialties and subspecialties, recognizing the importance of building a strong medical neighborhood, and providing a framework that will foster improvements in care at the interface of PCMHs and PCMH neighbors (PCMH-Ns).

Patient Representative
A hospital employee who serves as a liaison between the patient and the hospital if problems or complaints arise. This employee may also be known as a patient advocate, consumer advocate, or ombudsman.

Payer
A public or private organization that pays for or underwrites health care coverage expenses.

P4P Pay for Performance
Pay for Performance is a health care payment system in which providers receive incentives for meeting or exceeding quality and cost benchmarks; some systems penalize providers who do not meet established benchmarks.

PC Personal Care
A service that provides assistance with walking, personal hygiene, mobility, feeding, meal preparation, light housekeeping, etc., for people who require such support services based on a medical need.

PCA Personal Care Assistant
PCAs assist in caring for patients in hospitals, nursing homes, clinics, and institutions for the aged or disabled. PCA tasks include assisting nursing staff to lift and turn bedridden patients and helping patients with activities of daily living.

PE Practice Expense
CMS states that practice expense and malpractice expense relative value units (RVUs) currently are based on allowed charges under the old reasonable charge system of paying physicians. Relative values for these components thus largely reflect historical charges, without a direct and explicit relationship to resources used.

PEAC Practice Expenses Advisory Committee (PERC Practice Expense Review Committee)
The Practice Expense Advisory Committee (PEAC) is responsible for refinement of direct practice expense for existing CPT® codes**.** Reimbursement for medical procedures, as defined by CPT codes, is divided into three components – physician work, practice expense and malpractice expense. The physician work component became resource-based (reimburse for the actual cost associated with providing a service) under a "Relative Value System (RVS)" in 1992. Congress also mandated that the practice expense component become resource-based, with a four-year gradual transition, beginning in 1999. With this transition, Centers for Medicare and Medicaid Services (CMS) attempted to collect data regarding practice expense by contracting with a consulting firm called Abt Associates. CMS designed a two-pronged process for data collection.

Peer Review
The evaluation of quality of total health care provided by medical staff with equivalent training.

Permissible Exposure Limits
Refers to environmental levels of toxic and hazardous chemicals.

Per Diem Cost
The amount of cost for each day of service in a hospital or health care facility.

PCP Primary Care Physician
The care provided by family physicians, internists, obstetricians/gynecologists, and pediatricians.

PCPI Physician Consortium for Performance Improvement
The American Medical Association (AMA) convened the Physician Consortium for Performance Improvement® (PCPI™) more than a decade ago with its goal of enhancing quality and patient safety, and fostering accountability. The AMA-convened PCPI continues to lead efforts in developing, testing and implementing evidence-based performance measures for use at the point of care.

PHI Protected Health Information
Protected health information (PHI) is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. This is interpreted rather broadly and includes any part of a patient's medical record or payment history.
PHI is often sought out in datasets for de-identification before researchers share the dataset publicly. When researchers remove PHI from a dataset they do so in an attempt to preserve privacy for research participants.

PHP Partial Hospitalized Program
Also known as "day treatment," PHP is an intermediate level of care for mental illness. These are full-day programs within a psychiatric hospital or behavioral health department of a hospital.

PhRMA The Pharmaceutical Research and Manufacturers of America
The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading pharmaceutical research and biotechnology companies, which are devoted to inventing medicines that allow patients to live longer, healthier, and more productive lives. PhRMA members invested an estimated $49.5 billion in 2011 in discovering and developing new medicines.

PID Primary Immune Deficiency
Primary immune deficiency (PID) is the name given to chronic illnesses caused by hereditary or genetic defects in the immune system. There are over 150 forms of PID.

PIM Practice Improvement Module
Practice Improvement Modules (PIMs) are Web-based self-evaluation tools that guide board-certified physicians through chart abstractions and a practice system inventory to establish a robust multidimensional practice performance assessment for a chronic condition or preventive service. The interactive report guides physician reflection on detailed performance data, selecting areas for improvement, and creating an improvement plan with goals and strategies.

Play or Pay
A system where employers can either provide health insurance to employees or pay a tax to fund public health insurance for the uninsured.

POE Point of Entry
An access point where consumers enter the health care system.

POS Point-of-Service
A hybrid managed care plan that offers enrolled members a choice when seeking services: They can use providers either within the plan or outside it. Enrolled members generally have to pay for out-of-plan services and wait for reimbursement. The choice of type of provider is made at the time service is needed, not at the time the health care plan is chosen.

PPACA Patient Protection and Affordable Care Act
Patient Protection and Affordable Care Act, Public Law 111-148, legislation signed by President Barack Obama on March 23, 2010, commonly referred to as the health reform law

PPA Preferred Provider Arrangement
Similar to a PPO, except purchasers selectively contract directly with a provider, usually without benefit of a comprehensive administrative entity like a PPO.

PPO Preferred Provider Organization
A payment arrangement in which employers or insurers contract with hospitals or physicians on a negotiated fee-for-service basis to provide health care services. Subscribers can select any provider for care, but they are given economic or other incentives to use designated hospitals or physicians.

PQRI Physician Quality Reporting Initiative
A voluntary program that provides a financial incentive to physicians and other eligible professionals who successfully report quality data related to covered services provided under the Medicare Physician Fee Schedule.

Preexisting Condition Exclusion
Period of time when an individual receives no benefits under a health insurance plan for an illness or medical condition for which an individual received medical advice, diagnosis, care or treatment within a specified period of time prior to the date of enrollment in the plan.

Premium
The amount paid to a health care plan by an individual (or the individual's representative) for providing coverage under a contract.

PRO Peer Review Organization
PROs are responsible for ongoing review of medical necessity and appropriateness of inpatient care rendered to Medicare patients. See also: IPRO.

Provider
A physician, hospital, health professional, nursing home, home health agency, or other individual or organization that delivers health care services to patients.

PECOS Provider Enrollment Chain and Ownership System
PECOS supports the Medicare provider and supplier enrollment process by capturing provider/supplier information from the CMS-855 family of forms. The system manages, tracks, and validates enrollment data collected in both paper form and electronically via the Internet.

PRRB Provider Reimbursement Review Board
A body appointed by the federal Secretary of Health and Human Services to provide an appeals mechanism for health care providers to whom Medicare fiscal intermediaries deny reimbursement for services under Medicare.

PS&R Provider Statistical and Reimbursement Report
Report of changes, statistics, and payments to a provider for Medicare services rendered to beneficiaries.

Q

QA Quality Assurance
Activities and programs intended to provide adequate confidence that the quality of patient care will satisfy stated or implied requirements or needs.

QIO Quality Improvement Organization
Designated by CMS, QIOs work with consumers, physicians, hospitals, and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly among under-served populations.

QI Project®
The Quality Indicator Project, started in 1985 by the Maryland Hospital Association, collects data on quality from hospitals on a voluntary basis and provides participants comparative feedback and other assistance with quality improvement.

QM Quality Management
That aspect of the overall management function that determines and implements the quality policy.

R

RAC Recovery Audit Contractors
The Tax Relief and Health Care Act of 2006 made permanent the Medicare Recovery Audit Contractor (RAC) program to identify improper Medicare payments - both overpayments and underpayments-in all 50 states. RACs are paid on a contingency fee basis, receiving a percentage of the improper overpayments and underpayments they collect from providers.

RBRVS Resource-Based Relative Value Scale
A Medicare payment system for physicians started in 1992 that takes into account physician work, expenses, and liability costs.

RCC Reasonable and Customary Charge
A charge for health care that is consistent with the prevailing rate or charge in a certain geographical area for identical or similar services.

REMS Risk Evaluation and Mitigation Strategy
For every drug approved by the FDA, the risks associated with its use are communicated through the product package insert. In some cases, however, the manufacturer and/or the FDA may determine that a Risk Evaluation and Mitigation Strategy (REMS) is necessary to go beyond product labeling to manage risks and thereby ensure that the *benefits outweigh the risks*.

Resident
(1) A physician in training after medical school graduation. See also: Intern.
(2) An individual in a nursing home, assisted living, or other residential facility.

Respite Care
A program that provides care to impaired adults

RFP Request for Proposal
A notice sent by a government or sponsoring organization indicating the availability of grant monies and the type of project these monies are available for; this notice is sent to prospective applicants who can then respond with a proposal of how they would implement and administer the specified project.

RHC Rural Health Clinic
A clinic located in a rural and medically under-served community with Medicare payment on a cost-related basis for outpatient physician and certain non-physician services.

Risk
In health plans, risk is a possibility of financial shortfall due to a variety of factors including: individuals in a health plan require more services than predicted, costs are not managed as well as predicted, or contracts fail to provide adequate revenue.

RN Registered Nurse
One who has graduated from a college or university program of nursing education and has been licensed by the state.

RRT Rapid Response Team
A multidisciplinary team that responds to a call for action and immediately brings critical care expertise to the patient's bedside.

RSL Regional, State and Local Allergy Societies
These are members of the Federation of Regional, State and Local Allergy, Asthma and Immunology Societies (RSLAAIS) Assembly of the AAAAI.

RVU Relative Value Unit
Relative Value Units (RVUs) are a way for hospitals and physicians groups to calculate compensation for staff by using a set formula tied to various physician services. The physician work component accounts for about 52% of the relative value for each service. The practice expense component accounts for an average of 44% and professional liability insurance component accounts for the remaining 4%.

RVS Relative Value Scale
RUC Specialty Society Relative Value Scale Update Committee
The AMA advocates for fair and accurate valuation for all physician services within the Resource-Based Relative Value Scale. To ensure that physician services across all specialties are well-represented, the AMA established the AMA/Specialty Society Relative Value Scale Update Committee (RUC). The RUC makes annual recommendations regarding new and revised physician services to the Centers for Medicare and Medicaid Services (CMS) and performs broad reviews of the RVS every five years.

RWJF Robert Wood Johnson Foundation
An independent foundation that identifies and pursues new opportunities to address persistent health problems and to respond to significant emerging problems.

S

SACHRP Secretary's Advisory Committee on Human Research Protections
SACHRP is governed by the Federal Advisory Committee Act and provides expert advice and recommendations to the Secretary on issues and topics pertaining to the protection of human research subjects. The Committee was created by Secretary Thompson in 2001 after dissolution of the prior National Human Research Protections Advisory Committee (NHRPAC). To date SACHRP has focused its attention on areas such as research involving children, prisoners, and individuals with impaired decision-making capacity; informed consent and the use of biospecimens; harmonization of human subjects regulations and guidance; the reduction of regulatory burden; the HIPAA Privacy Rule; community-engaged research, and accreditation.

SAGSA Subspecialty Advisory Group on Socioeconomic Affairs
SAGSA is the American College of Physicians (ACP) Subspecialty Advisory Group on Socioeconomic Affairs.

SESIP Sharp with Engineered Sharps Injury Protection
An OSHA compliant program that reduces risks to employees by destroying contaminated needles.

Secondary Coverage
The plan that has the responsibility for payment of any eligible charges not covered by the primary coverage.

Self-Insurance
A health care plan that is funded with an employer's or group's own resources without purchasing insurance. Such a plan may be self-administered or may contract with a third-party administrator.

Service Area
The geographic area within which a particular health care plan is licensed to do business, usually identified by county.

SGR Sustainable Growth Rates
The Medicare Sustainable Growth Rate (SGR) is a method currently used by the Centers for Medicare and Medicaid Services (CMS) in the United States to control spending by Medicare on physician services. Enacted by the Balanced Budget Act of 1997 to amend Section 1848(f) of the Social Security Act, the SGR replaced the *Medicare Volume Performance Standard* (MVPS), which was the previous method that CMS used in an attempt to control costs. Generally, this is a method to ensure that the yearly increase in the expense per Medicare beneficiary does not exceed the growth in GDP.

Skilled Nursing Care
Nursing or other rehabilitative services provided under the direction of a physician or an approved professional.

SLIT Sublingual Immunotherapy
Sublingual Immunotherapy is method of allergy treatment that uses an allergen solution given under the tongue, which over the course of treatment, reduces sensitivity to allergens. The basis of sublingual immunotherapy is treatment of the underlying allergic sensitivity. Allergic symptoms improve as the allergic sensitivity improves.

Stop-Loss Insurance
Coverage purchased by an organization to provide protection from losses resulting from claims in excess of a specified dollar amount, either in total, per member, per year, or some other measure.

Stop-Loss Provision
A provision in a managed care contract where the payer agrees to reimburse the provider for certain services when the costs exceed a specified amount.

Sub-Acute Care
Sub-acute care falls between acute hospital care and traditional nursing home care. Compared to acute care, subacute care is less diagnostically oriented, yet is more intensive and of shorter duration than skilled nursing facility care.

T

TCU Transitional Care Unit
A unit in a hospital or rehabilitation hospital for patients over age 65 whose complex care needs require an extended length of stay because the patient is no longer critical but is not stable enough for transfer.

Teaching Hospital
A hospital that has an accredited medical residency training program; typically affiliated with a medical school.

Telemedicine
The practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and health education, using interactive audio, video, or data communications.

Tertiary Care
Complex, highly specialized, and high-cost technology-based medical services, e.g., heart, lung, or liver transplants, etc., performed in a hospital by specialized physicians.

TPA Third-Party Administrator
An independent entity that administers health plan benefits, claims, utilization review, etc., for a self-insured plan. The TPA does not assume any risk.

TQI Total Quality Improvement
A continuous quality improvement system directed from the top, but empowering employees and focusing on systemic problems.

Transitional Care
Transitional care serves those who have been discharged from the hospital but still require short-term rehabilitation and special care in order to make the transition from hospital to home.

Triage
The classification of sick or injured persons according to severity to direct care and ensure the efficient use of medical resources.

U

UCR Usual, Customary, and Reasonable Fees
Health insurance plans pay a physician's full charge if it does not exceed the usual charge, does not exceed the amount customarily charged for the service by other physicians in the area, or is otherwise deemed reasonable.

UDS Universal Data Set
Format mandated by the federal government for submission of institutional billing information; New York State has additional fields that incorporate additional payer and Statewide Planning and Research Cooperative System data requirements.

Universal Coverage
A health system where every citizen of a state or nation is guaranteed health insurance coverage.

URI Upper Respiratory Infection
Upper respiratory tract infections (URI) are the illnesses caused by an acute infection which involves the upper respiratory tract: nose, sinuses, pharynx or larynx. This commonly includes: tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, and the common cold.

USP United States Pharmacopeia
The United States Pharmacopeia (USP) is the official pharmacopeia of the United States, published dually with the National Formulary as the USP-NF. The United States Pharmacopeial Convention (usually also called the USP) is the nonprofit organization that owns the trademark and copyright to the USP-NF and publishes it every year. Prescription and over–the–counter medicines and other health care products sold in the United States are required to follow the standards in the USP-NF. USP also sets standards for food ingredients and dietary supplements.

V

VBP Value-Based Purchasing
Also referred to as pay-for-performance (P4P), this modification to the current Medicare payment system would link provider reimbursement rates to reporting and performance on select quality of care measures.

VHA Voluntary Hospitals of America
A national organization that manages the health insurance plans of non-profit hospitals, their affiliates, and physicians.

VNA Visiting Nurses Association
A non-profit health agency that provides nursing services in the home, using nurses and other personnel as home health aides trained to give bedside personal care.

W

WATS World Allergy Training School
The World Allergy Organization (WAO) runs the World Allergy Training School (WATS). Its objective is to develop learning communities, appropriate to a specific regional context, which will help build sustainable capacity in the field of allergy by strengthening already existing knowledge and skills and encouraging local experts to apply this knowledge to further develop the specialty of allergy and to widen the provision of patient care. The World Allergy Training School is for allergists /physicians /general practitioner /researchers with a background in allergy and immunology.

WEF Wage Equalization Factor
Used in Medicaid methodology to adjust salary and fringe benefit prices so that cost comparisons can be made.

WHO World Health Organization
WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WIC Supplemental Nutrition Program for Women, Infants, and Children
A federal program that works to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

WNL Within Normal Limits
Medicine sets parameters for all sorts of physiologic measurements and deems anything within a range ‘normal’ – physicians are content with numbers WNL