COMMON ABBREVIATIONS & GLOSSARY TERMS

Related to our Health Action Plan & Health Access

Health care services vocabulary

APC - Ambulatory Payment Classification - The payment methodology developed by Medicare to group outpatients based on procedure or test performed, etc. Hospitals are then paid a set fee based on the APC.

Allowed Amount - Amount pre-determined by the health plan per procedure code used in determining the company's base fee schedule when negotiating with providers. Contracted providers may negotiate amounts above or below this amount depending upon their leverage.

Assignment - The provider will bill Medicare directly and will accept what Medicare recommends as 100% of payment. Medicare usually pays 80% of outpatient visits and the provider may still try to collect the remaining 20% of Medicare "allowable" from the patient. Not all providers "accept Medicare assignment" and can try to collect more than 100% of the Medicare rate.

BA - Benefits Administrator - A term commonly used to refer to the designated employee in the employer group who oversees employee benefits. While often a designated person in the human resources department of large companies, this could be the president of a small company.

BMI - Body Mass Index - A measure that demonstrates if a person's weight is appropriate to their height.

BRFSS - Behavioral Risk Factor Surveillance System – A telephone survey that tracks national health risks and sponsored by the Centers for Disease Control (CDC). Data can be obtained at the state and county level also.

COBRA - Consolidated Omnibus Budget Reconciliation Act - This is the federal law passed in 1985 that allows many people to pay to continue their health insurance coverage once they leave their job. There is currently an 18 month maximum.

Consumer-Driven Health Insurance - A product in which the individual pays a smaller premium each month and in return, the individual has a higher deductible and higher out of pocket expenses until catastrophic coverage begins. The product is called "consumer-driven" because it gives the individual the opportunity and responsibility to manage their health care costs. **HSA**s combined with **HDHP**s are consumer-driven products that are becoming more common.

CPT - Current Procedural Terminology - Billing codes used primarily by physicians to indicate the services and procedures they provided to the patient.

Community Health Action Plans - Each of the six committees of the Partnership for a Healthy Durham has created objectives and strategies for meeting their objectives by the year 2010.

COB - Coordination of Benefits - A system designed to eliminate duplication of benefits when an insured is covered under more than one group plan. Benefits under the two plans usually are limited to no more than 100 percent of the claim.

Discount Health Plans - A plan similar to a discount buying club that allows members to obtain a discount on services from a network of providers contracted with the discount plan for a monthly fee. Discount health plans are not insurance and are not regulated by the NC Department of Insurance.

DME - Durable Medical Equipment - Standard medical equipment generally used in an institutional setting that is appropriate for use in the home and can withstand repeated use. Often non-disposable equipment, such as wheelchairs, oxygen tanks, walkers, etc.

DNR - Do Not Resuscitate - An order that can be placed on a patient's chart so that no effort will be made to revive the patient in the event that their heart stops beating or they stop breathing.

DRG - Diagnosis-Related Group - The payment methodology developed by Medicare to group inpatients based on their clinical condition, age, other existing conditions, etc. into one of approximately 550 DRGs. Hospitals are then paid a set fee based on the DRG.

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DSH - **Disproportionate Share** (frequently pronounced like "dish"). Payments that may be made to a hospital by Medicare and/or Medicaid if they treat a large percentage of Medicaid or charity care patients. Criteria for receiving payments differ based on whether the payment is coming from Medicare or Medicaid. Medicare DSH payments are based on the proportion of patients served who are eligible both Medicaid and Medicare. At least 15% of a hospital's patient days must be for Medicaid patients in order to qualify. Medicaid has two different payments: one which is based on the proportion of Medicaid patients served (the hospital must serve at least 35% to qualify) and one that is based on the proportion of Medicaid and charity care patients served (criteria for this payment change from year-to-year based on the money available in the state budget).

ED - Emergency Department - Same as emergency room.

EMS - Emergency Medical Service - Including the ambulance services.

EMTALA - **Emergency Medical Treatment and Labor Act of 1986 -** The federal law that mandates that all patients who come to a hospital's emergency room must receive an appropriate medical screening regardless of their ability to pay. And, if they are to be transferred to another hospital, they must be stabilized first.

EOB - **Explanation of Benefits** - A statement from the insurance company sent to the member who filed a claim, giving specific details about how and why benefit payments were or were not made. It summarizes the charges submitted and processed, the amount allowed, the amount paid, and the amount still owed by the member (if any).

ERISA - **Employee Retirement Income Security Act** - A federal law passed in 1974 that exempts companies that self-insure their health plans from state insurance regulations and taxes.

FFS - **Fee for Service** - A model of providing health services based on negotiated fees.

Formulary - Drugs approved and paid for by an insurance plan.

FQHC - Federally Qualified Health Center - A healthcare facility that receives grants from the federal government and special pricing because it serves as a primary source of care for many uninsured (Lincoln Community Health Center is one; however, Lyon Park Clinic and Walltown Clinic are LCHC satellite clinics run by Duke).

HDHP - **High Deductible Health Plan** - A particular type of health plan that has a high deductible (sometimes called catastrophic coverage), but has also been qualified to be used in conjunction with a **healthcare savings account**, which may have income tax benefits.

HIPAA - Health Insurance Portability and Accountability Act of 1996 - The federal law which allows people to take their health insurance from one job to the next. The law also enacted strict privacy requirements on the sharing of patient information and strict information security rules for patient data contained on computers.

HMO - **Health Maintenance Organization -** A model for providing health services with negotiated fees that uses "managed care" or "gatekeepers" and networks of providers.

Hospitalist - A physician who specializes in treating patients in hospitals; typically their specialty is internal medicine and they do not have a separate practice in which they treat patients outside the hospital.

HSA - **Health Savings Account -** A savings account that allows people to save pre-tax dollars to use for health care expenses; typically offered in conjunction with a catastrophic health insurance plan. It is portable from employer to employer and unused funds roll over from year to year.

ICD9 - **International Classification of Diseases, Ninth Edition** - These are the codes used by hospital medical records personnel to record a patient's diagnoses and procedures in their medical record.

Indicators - Things that we can measure to see if change is occurring.

LME - Local Management Entity - The administrative structure for Durham's mental health services.

Medicaid - A federal/state health insurance program (that also has County funds in NC) for people who have very limited incomes and that meet certain criteria (pregnant, child, disabled or elderly, etc.).

Medicare - A federal health insurance program for people 65 or older, disabled or have end-stage kidney disease.

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MCO - Managed Care Organization - A general term that refers to a health plan that controls costs by offering networks of providers and by engaging in a review of medical necessity under certain circumstances.

MEPS - Medical Expenditure Panel Survey - A nationally representative survey, cosponsored by the National Center for Health Statistics (NCHS), that collects detailed information on the health status, health care use and expenses, and health insurance coverage of individuals and families in the US.

PBM - Pharmacy Benefits Manager - An organization that processes and analyzes prescription drug benefits for a health plan's members. It may set up formularies, arrange for purchasing or contracting with drug manufacturers, or provide **Utilization Review** (**UR**) services to determine medical necessity.

PCP - Primary Care Provider - Some health maintenance organizations require an enrollee to see a primary care provider before obtaining a referral to a specialist.

POS - Point of Service plan - A type of health plan that limits costs by charging an enrollee less to see providers within a certain network. Enrollees are permitted to see providers outside the network, but the enrollee's share will be greater.

PPO - Preferred Provider Organization - A model of providing health services with negotiated fees via a network of providers or doctors.

Pre-existing Condition - Any physical and/or mental condition(s) of an insured that existed prior to the effective date of coverage. A pre-existing condition means a sickness or injury during the 12 months prior to the effective date (of coverage) for which medical care, treatment, diagnosis or advice was received or recommended, or the existence of symptoms which would cause an ordinarily prudent person to seek medical care, treatment, diagnosis or advice.

RBA - Results-Based Accountability - A system used by the city and county of Durham to encourage programming that produces "results" or improvements.

RBRVS - Resource Based Relative Value Scale - A method of calculating the allowed amount that a health plan will consider for a service which assigns a value to a procedure based on weighing the resources needed by the provider to provide the service.

Self-funded Plans - The term "self-funded" refers to the way in which an employer group finances the insurance plan for their employees. In self-funded, or "employer sponsored" plans, the employer group uses the combined contributions of the employer and employees to pay for medical expenses for its employees and assumes the administrative responsibilities of traditional insurance companies. Often employer groups operating a self-funded plan will hire a TPA to control costs and perform the administrative functions for them. Self-funded plans are not subject to state mandated benefits or restrictions and are covered under ERISA.

Specialty medical care - Services provided by medical specialists, such as cardiologists and dermatologists, who generally do not have first contact with patients

TPA - Third-Party Administrator - A service firm, not an insurance company, which maintains records regarding the persons covered on behalf of an insurer. **TPA**s can perform any or all of the following functions: underwriting, policy issuance, premium billing and collecting, general customer service and claims payment.

UCR - Usual, Customary and Reasonable - Health plans sometimes use this term to describe what they will pay toward a medical bill if a member goes to a provider that is not in-network. The amount paid by the plan is not based on what the provider charged. The member is then billed for the difference between what the health plan paid and the actual charges. This "balance billing" is in addition to the deductible and coinsurance the member is expected to pay.

Underwriting - The process by which an insurer assesses the health of an applicant and determines whether or not and on what basis it will issue an insurance policy.

Utilization Review - The process of assessing the delivery of medical services to determine if the care provided is appropriate, medically necessary, and of high quality. **UR** may include review of appropriateness of admissions, services ordered and provided, length of stay, and discharge practices, both on a concurrent and retrospective basis.

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Agencies

AASC - Alliance of AIDS Services – Carolina - Serves the Triangle community through education and prevention programs and advocacy for those afflicted with and affected by HIV/AIDS.

ACRA - AIDS Community Residence Association - A Durham agency that provides diverse, supported housing options & compassionate care for persons living with HIV/AIDS.

AHRQ - Agency for Healthcare Research & Quality - A program of the US Dept. of Health and Human Services that provides practical health care information, research findings and data.

BCBS - Blue Cross/Blue Shield - A health insurance agency that in North Carolina cannot deny an individual policy to anyone who wants it and also provides group policies.

CAARE - A Durham agency to support, educate & empower the HIV/AIDS population.

CMS - Centers for Medicare and Medicaid Services - The national program under the US Dept. of Health and Human Services that oversees Medicare and Medicaid.

DCHD - Durham County Health Department - The official local public health agency that operates according to North Carolina General Statutes. The Department provides a wide range of services.

DCHN - Durham Community Health Network – A network of practices, along with DCHD & DSS, that provides free in-home patient education and support to Durham Medicaid patients. It is operated by Duke (Division of Community Health; funded by Medicaid.

DHHS - Department of Health & Human Services - There is a US Department and a Department in each state; NC DHHS oversees Medicaid, CHIP, Long Term Care and Group homes, etc.

DOI - Department of Insurance - The state agency that monitors health insurance plans for compliance with state regulations and approves rate adjustments.

DSS - Department of Social Services - The county agency that receives state and federal funding to administer numerous programs including Medicaid, CHIP, adult and child protective services, food stamp programs, etc.

DUHS - Duke University Health System - Includes DUMC, Durham Regional Hospital, Duke Health Raleigh Hospital, and many of the clinical practices associated with the hospitals.

DUMC - Duke University Medical Center - Includes faculty of Duke University affiliated with the School of Medicine, Nursing, etc.

HAC - Healthcare Access Committee - A committee of the Partnership for a Health Durham.

Healthy Carolinians - A statewide effort to help North Carolina reach "Healthy 2010" objectives for our State.

LATCH - Local Access to Coordinated Healthcare - A program run by DUHS that helps uninsured Durham residents navigate their health needs.

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LCHC - Lincoln Community Health Center - A primary care facility that offers adult medicine, pediatrics, adolescent, dental, behavioral health, and prenatal care (a service of the Durham County Health Department) on a sliding scale basis.

Medicaid - A federal/state health insurance program (that also has County funds in NC) for people who have very limited incomes and that meet certain criteria (pregnant, child, disabled or elderly, etc.).

Medicare - A federal health insurance program for people 65 or older, disabled or have end-stage renal/kidney disease.

NC-CDHC - NC Committee to Defend Health Care - A statewide advocacy group that believes the access to healthcare should be a right in the United States.

NC Institute of Medicine - An independent, non-profit organization that serves as a non-political source of health policy analysis and advice in North Carolina.

NCOMH - NC Office of Minority Health & Health Disparities - Promotes and advocates for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina.

PDC - Private Diagnostic Clinics - Associated with Duke University Health System and Medical Center, but legally separate from either institution.

PPARx - Partnership for Prescription Assistance - A program supported by drug manufacturers to help non-Medicare individuals with limited incomes obtain primarily brand-name prescription drugs.

PUM - Presbyterian Urban Ministry - A Durham nonprofit that serves emergency financial assistance to residents in need.

PRIMA Health - An organized body of physicians that supports contract negotiations in the area.

SCHIP - State Children's Health Insurance Program - A federal and state program which is called NC Health Choice in NC for uninsured children up 19 years old.

SPA - Senior PHARM*Assist* - A Durham program to help older adults obtain and better manage needed medications.

SSA - Social Security Administration - Administers social security benefits to those eligible and also administers the low income subsidy application for Medicare drug benefits.

TROSA - Triangle Residential Options for Substance Abusers - Durham nonprofit that focuses on helping recovering drug and alcohol abusers to change their lives.

UMD - Urban Ministries of Durham - Provides food, clothing, shelter and supportive services to those in need.

WIA - Women in Action - A Durham nonprofit that provides financial assistance and mediation services to residents in need.

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WIC - Women, Infants & Children - A federal program that safeguards the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods, information, and referrals.

Some web links for glossaries:

http://www.mnhcam.org/hcamgloss.asp

http://covertheuninsuredweek.org/glossary/

https://www.triwest.com/triwest/default.html?/triwest/unauth/content/tricare%5Fresources/

http://www.elderweb.com/glossary/