

ACRONYM DEFINITIONS

and Key Information

8.9.17

<i>Acronym</i>	<i>Definition</i>
AAFP	American Academy of F amily P hysicians, professional organization which provides resources and tools to support primary care
ACE or ACEs	A dverse C hildhood E xperience(s)
ACIP	A dvisory C ommittee on I mmunization P ractices, maintains recommended schedule for vaccinations
ACO	A ccountable C are O rganization { Medicare incentive program that focuses on sharing savings across a group of PCPs, specialists, hospitals, insurers who work together. Similar concept to OSC }
ACP	A dvanced C are P lanning
ACRs	A ctive C are R elationship S ervice Health Information Exchange, MiHIN, claiming patients of practice for purposes of health information and ADTs
ADA (transport)	A mericans with D isabilities A ct, Federal legislation or law that defines and provides protections for the disabled
ADD	A ttention D eficit D isorder, former term for medical condition/mental health condition, see DSM
ADHD	A ttention D eficit H yperactivity D isorder, more current subtype of disorders related to attention, see DSM
ADL	A ctivities of D aily L iving, measure of patient's ability to function
ADT	A dmission – D ischarge – T ransfer, notifications sent through Health Information Exchange
AGS	A merican G eriatrics S ociety, endorses and updates the Beers list of medications potentially harmful for the elder Population, which was initiated by Dr. Mark Beers.
AHC	A ccountable H ealth C ommunities
AHRQ	A gency for H ealthcare R esearch & Q uality (Provides many clinical practice guidelines)
AKA	A lso K nown A s
APPL	A ll P atient P ayer L ist, lists of attributed patients for applicable care management program sent through the Michigan Data Collaborative
ASC	A ccountable S ystems of C are
BAP	B rief A ction P lanning
BCBSM	B lue C ross B lue S hield of M ichigan (participating insurance company)
BDTC	B lue D istinction T otal C are, relates to patients with Blue Cross Blue Shield coverage that is not Michigan-based, also called “hosted members” on patient lists
BiPAP	B ilevel P ositive A irway P ressure, as compared to CPAP
BMI	B ody M ass I ndex, calculated measure used to define levels of obesity
BSO	B ilateral S alpingo- O ophorectomy

CAD	Coronary Artery Disease
CC	Care Coordinator
CCL	Clinical-Community Linkages
CCM	Certified Care Manager (through CMSA), Complex Care Manager or Certified Case Manager or Chronic Care Management
CCMI	Center for Medicare and Medicaid Innovation
CCP	Chronic Care Professional
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHAMPS	Community Health Automated Medicaid Processing System (Medicaid Claims Processing & Payment System)
CHAP	Children's Healthcare Access Program
CHF	Congestive Heart Failure, may also be abbreviated as HF
CHIP	Children's Health Insurance Program
CHIRs	Community Health Innovation Regions
CHW	Community Health Worker
CKD	Chronic Kidney Disease
CLN	Collaborative Learning Network
CMS	Centers for Medicare & Medicaid Services
CMSA	Care Management Society of America (Certifying body for Case Managers. Set Standards of Care for CM's as well.)
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure, as compared to BiPAP
CPC	Comprehensive Primary Care
CPC+ or CPC Plus	Comprehensive Primary Care Plus
CPI	Consumer Price Index
CPT	Current Procedural Terminology
CSHCS	Children's Special Health Care Services (formerly - Crippled Children's. Provides additional insurance coverage for children with qualifying diagnoses.)
DC	DisCharge, term often used relating to a Transition of Care or discharge from a medical facility
DHS	Department of Human Services
DM	Diabetes Mellitus
DME	Durable Medical Equipment
DSM	Diagnostic and Statistical Manual of Mental Disorders, produced by American Psychiatric Association, currently in fifth edition (DSM-V)
Dual Eligible	Dual eligible or dual eligible Beneficiary is an individual enrolled in both Medicare and Medicaid
DVT	Deep Venous Thrombosis
Dz	Disease, medical abbreviation
EBM	Evidence-Based Medicine
EBP	Evidence-Based Practice
ECF	Extended Care Facility (AKA: SNF, Nursing Home)
eCQM	Electronic Clinical Quality Measures

<i>ED</i>	Emergency Department (formerly ER), may also be the medical condition Erectile Dysfunction
<i>EDI</i>	Electronic Data Interchange
<i>EHR</i>	Electronic Health Record
<i>EMR</i>	Electronic Medical Record
<i>E/M</i>	Evaluation and Management
<i>FFS</i>	Fee-For-Service
<i>FPL</i>	Federal Poverty Limit
<i>FQHC</i>	Federally Qualified Health Center
<i>FTE</i>	Full Time Equivalent , used to standardize hours worked compared to a 40-hour work week
<i>GDS</i>	Geriatric Depression Scale
<i>GERD</i>	GastroEsophageal Reflux Disease , medical condition commonly called heartburn
<i>GHP</i>	Geisinger Health Plan (Pennsylvania Health Insurance Plan. The model for MiPCT CM's)
<i>HCA</i>	Home Care Agency , AKA Home Health Agency
<i>HCM</i>	Hybrid Care Manager - One who manages both complex and moderate patients. (Most typical in Pediatric and small offices.)
<i>HCPA</i>	Health Coaching Performance Assessment
<i>HEDIS</i>	Healthcare Effectiveness Data and Information Set (Performance measures in the managed care industry, developed and maintained by NCQA.)
<i>HF</i>	Heart Failure , also known as CHF
<i>HHA</i>	Home Health Agency (AKA: Home Care Agency)
<i>HHC</i>	Home Health Care
<i>HHS</i>	Health and Human Services (department of)
<i>HICM</i>	High Intensity Care Model
<i>HIE</i>	Health Information Exchange (Provides the capability to electronically move clinical information among disparate healthcare information systems while maintaining the meaning of the information being exchanged.)
<i>HIPAA</i>	Health Insurance Portability and Accountability Act
<i>HIT</i>	Health Information Technology
<i>HITECH</i>	Health Information Technology for Economic & Clinical Health
<i>HL7 Interface Engine</i>	Required for all new EHR's. Allows integration of information from various EHR's.
<i>HPV</i>	Human Papilloma Virus
<i>HTN</i>	HyperTensioN , abbreviation for medical condition of high blood pressure
<i>Hx</i>	History of , abbreviation used to describe medical conditions that patient has had in the past
<i>iADL</i>	Instrumental Activities of Daily Living , assesses patient function in areas of independence such as ability to manage finances
<i>ICD-10</i>	International Classification of Disease an abbreviation reference to the American Medical Associations guide to diagnosis codes

<i>IHI</i>	Institute of Healthcare Improvement (IHI is dedicated to: Improvement Capability; Person- and Family-Centered Care; Patient Safety; Quality, Cost, and Value; and Triple Aim for Populations. www.ihl.org)
<i>IP</i>	InPatient, term for a person or patient stay within a health facility or hospital
<i>KADS</i>	Kutcher Adolescent Depression Scale
<i>LACE (tool)</i>	Length of Stay, Acuity of Admission, Comorbidities, Emergency Visits, a tool for ambulatory risk assessment
<i>LPN</i>	Licensed Practical Nurse
<i>LTAC</i>	Long Term Acute Care (facility which provides skilled nursing – level of care between IP and SNF)
<i>MA</i>	Medicare Advantage
<i>MAPCP</i>	Multi-Payer Advanced Primary Care Practice, Multi-state CMS Innovation Center Demonstration which was called MiPCT within Michigan from 2012-2016
<i>MCM</i>	Moderate Care Manager
<i>MCO</i>	Managed Care Organization
<i>MDC</i>	Michigan Data Collaborative (holder of data for the MiPCT project. Part of the University of Michigan)
<i>MDCH</i>	Michigan Department of Community Health
<i>MDHHS</i>	Michigan Department of Health and Human Service
<i>MiCMRC</i>	Michigan Care Management Resource Center (www.micmrc.org)
<i>MiHIN</i>	Michigan Health Information Network, State-level “hub” for Health Information Exchange
<i>MIHP (MSS/ISS)</i>	Maternal Infant Health Program, Maternal Support Services, Infant Support Services
<i>MLN</i>	Medicare Learning Network
<i>MoCA</i>	Montreal Cognitive Assessment for mild cognitive dysfunction
<i>MPHI</i>	Michigan Public Health Institute
<i>MQIC</i>	Michigan Quality Improvement Consortium (Provide clinical guidelines, research, measurement criteria, reports, etc)
<i>MSP</i>	Medicare Savings Program, series of programs available to reduce costs for Dual Eligible patients
<i>MSPERS</i>	Michigan Public School Employees Retirement System
<i>MSSP</i>	Medicare Shared Savings Program, the most common type of Accountable Care Organization (ACO)
<i>NA or N/A</i>	Not Applicable
<i>NCQA</i>	National Committee for Quality Assurance (A non-profit organization dedicated to improving healthcare. Provides accreditation status for qualifying organizations. HEDIS measures come from this organization. Actively involved in research.)
<i>NHLBI</i>	National Heart, Lung and Blood Institute (Provides research, data, and clinical guidelines)
<i>NICHQ</i>	National Initiative for Children’s Healthcare Quality (An independent, nonprofit organization working for more than a decade to make children’s health and healthcare better through quality improvement. Provides educational materials, practice

	guidelines, etc. for pediatric populations and those who care for them)
<i>NPI</i>	National Provider Identifier
<i>OSC</i>	Organized System of Care {BCBSM incentive program that takes PCMH and enhances it to include hospitals and specialists }
<i>OT</i>	Occupational Therapy
<i>OTC</i>	Over The Counter (Refers to medications, herbs, and nutritional supplements one can purchase without a prescription)
<i>PARS- IVR</i>	Automated and Interactive Voice Response telephone system to check BCBSM eligibility and benefits
<i>PBM</i>	Pharmacy Benefit Manager , a third party company or subcontractor for major insurer that provides the coverage for pharmaceutical drugs
<i>PCMH</i>	Patient Centered Medical Home
<i>PCMH-N</i>	Patient Centered Medical Home-Neighborhood , concept defined by BCBSM in the Interpretive Guidelines which describes relationships between primary and specialty care providers in a patient-centered community
<i>PCP</i>	Primary Care Physician or Primary Care Provider
<i>PDCM</i>	Provider Delivered Care Management - BCBSM
<i>PDSA</i>	Plan – Do – Study - Act
<i>PGIP</i>	Physician Group Incentive Program (through BCBSM) {Primary care physicians, specialists, and hospitals work together to coordinate services across the health care continuum for a defined population }
<i>PHI</i>	Protected Health Information
<i>PHO</i>	Provider Hospital Organization , as compared to Provider Organization which is not affiliated with a hospital or health system
<i>PHQ-2, PHQ-9</i>	Patient Health Questionnaire , either 2 question screening for depression or full 9 question assessment of depression
<i>PMPM</i>	Per Member Per Month
<i>PO</i>	Physician Organization , as compared to Provider Hospital Organization which <i>is</i> affiliated with a hospital or health system
<i>POLST</i>	Physician Orders for Life Sustaining Treatment
<i>PPO</i>	Preferred Provider Organization
<i>PQRS</i>	Physician Quality Reporting System
<i>PT</i>	Physical Therapy
<i>PTSD</i>	Post-Traumatic Stress Disorder , mental health condition defined by DSM
<i>QDWI</i>	Qualified Disabled Working Individual Program refers to program available to pay for Medicare Part A premiums for Dual Eligible patients
<i>QHP</i>	Qualified Health Provider , collective term for the types of trained health professionals that can provide and bill for care management services. Defined by payers (Blue Cross Blue Shield and Priority Health).
<i>QI</i>	Qualifying Individual Program , refers to program available to

	assist with Medicare Part B premiums for Dual Eligible patients
<i>QIN</i>	Quality Improvement Network (CMS)
<i>QIO</i>	Quality Improvement Organization (CMS)
<i>QMB</i>	Qualified Medicare Beneficiary, refers to program available to assist with Medicare costs for Dual Eligible patients
<i>QO</i>	Qualified Organization, term for Health Information Exchange entity
<i>QOL or QoL</i>	Quality of Life, in reference to patient goals and health status
<i>RHC</i>	Rural Health Clinic
<i>RN</i>	Registered Nurse
<i>ROI</i>	Return On Investment
<i>RTI</i>	Research Triangle Institute
<i>SDOH or SDoH</i>	Social Determinants of Health
<i>SIM</i>	State Innovation Model (MDHHS SIM)
<i>SLMB</i>	Specified Low-Income Medicare Beneficiary, refers to program available to assist with Medicare Part B premiums for Dual Eligible patients
<i>SMART (goals)</i>	Specific Measurable Action-oriented Relevant Time-bound, acronym for goal-setting
<i>SME</i>	Subject Matter Expert
<i>SNF</i>	Skilled Nursing Facility
<i>SSI</i>	Social Security Income
<i>STD</i>	Sexually Transmitted Disease
<i>SWOT</i>	Analysis of Strengths, Weaknesses, Opportunities, and Threats
<i>TAH</i>	Total Abdominal Hysterectomy
<i>TCM</i>	Transitional Care Management, refers to bundle of services defined by billing codes
<i>TCOC</i>	Total Cost of Care
<i>TKA</i>	Total Knee Replacement, a surgical procedure
<i>TOC</i>	Transition Of Care, term to describe the movement of patient between levels of care and/or locations of care
<i>UCC</i>	Urgent Care Center
<i>UMHS</i>	University of Michigan Health System
<i>URAC</i>	Utilization Review Accreditation Commission
<i>USPSTF</i>	United States Preventative Services Task Force
<i>UTI</i>	Urinary Tract Infection
<i>VBR</i>	Value Based Reimbursement
<i>WebDENIS</i>	Dial-in Eligibility Network and Information System
<i>WIC</i>	Women, Infants, and Children, an assistance program