

Healthcare

Acronyms ■ Abbreviations ■ Terms

February 2018

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The healthcare field has a language of its own—one that is nearly unintelligible to all but the most seasoned healthcare professionals. In this industry's ever-changing environment, it can seem as though new jargon appears almost daily.

To assist novices and experienced professionals alike, HANYS has prepared this handbook, *Healthcare Acronyms ■ Abbreviations ■ Terms*. Our publication includes a broad variety of health policy- and medical-related terms, listed alphabetically. We hope you find this handbook useful.

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For questions about *Healthcare Acronyms* ■ *Abbreviations* ■ *Terms*, or to order more copies, contact HANYS' Corporate Communications at 518.431.7770 or at info@hanys.org.

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21st Century Cures Act

Enacted by the 114th United States Congress in December 2016, it authorized \$6.3 billion in funding, mostly for NIH. The bill included the Helping Families in Mental Health Crisis Act, a landmark mental health reform bill.

340B – 340B Drug Pricing Program

A federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible healthcare organizations and covered entities at significantly reduced prices.

A

A&G – Administrative and General

A category of expenses for medical claims payment.

A1C – Glycated Hemoglobin

Also called HbA1c, A1C is a form of hemoglobin used primarily to identify the average plasma glucose concentration over prolonged periods of time. Monitoring A1C in Type 1 diabetic patients can improve treatment.

AAA – Abdominal Aortic Aneurysm

A bulge in the part of the aorta that extends through the abdomen. If an AAA bursts, it is often fatal.

AAHPM – American Academy of Hospice and Palliative Medicine

A professional organization for physicians, nurses, and other healthcare providers specializing in hospice and palliative medicine.

AAHSA – American Association of Homes and Services for the Aging

A national trade association for non-profit nursing homes and related facilities.

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.

AAP – American Academy of Pediatrics

Founded in 1930, this association's members include pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists.

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.

ACA – Affordable Care Act of 2010

Also known as the Patient Protection and Affordable Care Act, ACA, along with the changes included in the Health Care and Education Affordability Reconciliation Act of 2010, constitutes comprehensive federal healthcare reform that aims to substantially increase health insurance coverage of Americans, end some insurance company abuses, reduce healthcare costs, and improve care. The law includes far-reaching changes for healthcare providers, including significant reductions in reimbursement.

Accreditation

A process by which an organization evaluates a healthcare facility or one of its services to determine if it meets certain professional standards. TJC accredits most healthcare facilities. NCQA accredits most managed care organizations.

ACE – Angiotensin Converting Enzyme

A peptide that causes blood vessels to narrow. ACE inhibitors are drugs that stop this narrowing effect and are used for blood pressure control and CHF management.

ACF – Adult Care Facility

A residential facility licensed to provide PC services and supervision as well as room and board. May also be known as an adult home, enriched housing, or family-type home.

ACGME – Accreditation Council for Graduate Medical Education

Responsible for the accreditation of medical residency programs within the United States. Accreditation is accomplished through a peer review process and is based on established standards and guidelines.

ACHE – American College of Healthcare Executives

A professional association for healthcare facility administrators. See also: FACHE.

ACIP – Advisory Committee on Immunization Practices

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 healthcare providers that together manages and coordinates care for patients along the continuum of care. The network is held accountable for the quality and cost of care, and may share the cost savings achieved.

ACOG – American Congress of Obstetricians and Gynecologists

A national organization comprised of physicians specializing in childbirth and women's diseases.

ACT – Assertive Community Treatment

A multidisciplinary team treatment model provided by the mental health system that offers comprehensive, community-based psychiatric treatment, rehabilitation, and support to people with long-term psychiatric disabilities.

Acute Care

Care provided for a short-term illness or injury.

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/AIDS.

ADE – Adverse Drug Event

A patient complication set into motion by an error in administration of a medication.

ADHC – Adult Day Health Care

Provides services to adults who do not require 24-hour institutional care, yet are not capable of full-time, independent living. Typically includes recreation, supervision, meals, and healthcare in a protective setting.

ADLs – Activities of Daily Living

Activities performed as part of a person's daily routine of self-care, such as bathing, dressing, eating, etc.

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.

ADT – Admission, Discharge, and Transfer

Computer system that allows efficient management of hospital stays and supports the administrative functions of patient registration, admission, discharge, and transfer.

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.

Advanced Executive Leadership for Physicians

A joint educational initiative by HANYS and The SC Johnson School of Business at Cornell University that offers physicians training in the skill sets needed to succeed as a physician leader.

Affiliated Staff

Professionals viewed as adjuncts to a hospital's medical staff.

Aging in Place

1) Process allowing seniors to remain in their current residence despite changes in their needs by adjusting the degree and type of services provided. This can occur at home or in a facility offering multiple levels of care. 2) A special level of care in enhanced assisted living residences and certified by DOH.

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.

AHCA – American Health Care Association

The national trade association of investor-owned nursing homes and other LTC facilities.

AHEC – Area Health Education Center

A New York State program to enhance medical services in under-served areas. AHEC links under-served communities with the State University of New York's health sciences schools and private academic institutions to decentralize health professional education through community-based training sites.

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 HMOs, preferred provider organizations, and other network-based health plans.

AHP – Allied Health Professional

An individual trained to support the functions of physicians, dentists, and other healthcare professionals in the delivery of healthcare to patients. AHPs include PAs, dental hygienists, medical technicians, CNMs, NPs, PTs, psychologists, and CRNAs.

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.

AICD – Automatic Implantable Cardioverter Defibrillator

An electronic device that is implanted surgically in the chest wall that senses the heart's rhythm and delivers a powerful shock to the heart to stop it from fibrillating.

AIDS – Acquired Immunodeficiency Syndrome

A disease of the human immune system caused by infection with HIV.

AIU – Adopt, Implement, and Upgrade

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and CAHs as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

ALC – Alternate Level of Care

Care provided to patients in an acute care setting who no longer need acute care but who are waiting for placement in another healthcare facility or for community-based care such as home healthcare.

ALF – Assisted Living Facility

A senior living option that combines housing, support services, and healthcare as needed. Designed for individuals who require assistance with ADLs.

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.

ALS – Advanced Life Support

Pre-hospital medical care that paramedics provide to patients who have suffered trauma or a medical emergency.

AMA – Against Medical Advice

When a patient leaves a healthcare facility against the advice of medical staff.

AMA – American Medical Association

A professional association representing physicians in the United States.

Ambulatory Care

Healthcare 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.

Ambulatory Surgery

Surgical services provided for patients who are admitted and discharged on the day of surgery. These are generally outpatient procedures that cannot be done safely in a doctor's office and that require some level of general anesthesia.

AMC – Academic Medical Center

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

American Association for Physician Leadership

An association representing physician executives with management or administrative responsibilities. Formerly American College of Physician Executives.

AMI – Acute Myocardial Infarction

The medical name for a heart attack.

APC – Advanced Primary Care

New York State's Health Innovation Plan, issued in 2013, seeks to achieve the Triple Aim of improved care, better health, and reduced costs through a multi-faceted approach that has at its heart an APC model that integrates care with all parts of the healthcare system, including behavioral health and community-based providers.

APM – Advanced Alternative Payment Model

One of the Medicare physician payment models established by MACRA in 2015.

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 LOS, resource consumption, and outcomes.

APS – Adult Protective Services

A state-mandated program that is responsible for assisting adults with physical or mental impairments who cannot provide for their own basic needs and have no one willing to assist them or may have been abused, neglected, or exploited.

AR – Appropriateness Review

The review conducted by the Commissioner of Health of hospital and home care services based on criteria established by DOH including need for the facility or service, accessibility, availability, financial viability, and quality.

ARB – Angiotensin Receptor Blocker

A drug used for controlling high blood pressure, treating heart failure, and preventing kidney failure in people with diabetes or high blood pressure.

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.

ARMS – Alternative Rate Methodology System

A New York State Medicaid program used to reimburse hospitals for inpatient mental health services.

ARRA – American Recovery and Reinvestment Act of 2009

An economic stimulus package to create jobs and promote investment and consumer spending during the recession, this law included important healthcare provisions, including funding for adoption of HIT and a temporary increase in the Federal Medical Assistance Percentage.

ARRC – Administrative Regulations Review Commission

A joint New York State legislative commission created to oversee the process of rulemaking by state agencies and to examine rules adopted or proposed by those agencies with respect to statutory authority, compliance with legislative intent, potential impact on the economy and on state and local government operations, and impact on affected parties.

Article 28

The portion of the New York State Public Health Law that governs the establishment, operation, and reimbursement of certain medical facilities, including hospitals, nursing homes, and D&Ts.

Article 43

The portion of the New York State Insurance Law that governs various non-profit health insurers.

Article 44

The portion of the New York State Public Health Law that governs HMOs.

ASC – Ambulatory Surgery Center

An independently licensed entity providing elective surgery on an outpatient, walk-in, or same-day basis.

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.

ASP – Average Sale Price

The basis for reimbursement for products covered under Medicare Part B, ASP is the weighted average of all non-federal sales to wholesalers net of chargebacks, discounts, rebates, and other benefits tied to the purchase of the drug product, whether it is paid to the wholesaler or the retailer.

ASPR – Assistant Secretary for Preparedness and Response

The Office of the Assistant Secretary for Preparedness and Response was created under the Pandemic and All Hazards Preparedness Act in the wake of Hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.

ASU – Ambulatory Surgery Unit

A unit that provides ambulatory surgery services within a hospital.

AVG – Ambulatory Visit Group

Clinically based outpatient groups developed from physician office data taken from the National Ambulatory Medical Care Survey.

AWHONN – Association of Women’s Health, Obstetric, and Neonatal Nurses

An organization whose mission is to promote the health of women and newborns and to strengthen the nursing profession through advocacy, research, education, and other professional and clinical resources.

AWP – Average Wholesale Price

Published in various commercial compendia, this number is used to set Medicare payment limits for certain outpatient drugs.

AZT – Azidothymidine (also called Zidovudine)

An antiviral drug used following exposure to blood or body fluids from a potential source of HIV.

B

Balance Billing

A provider's billing of a covered person directly for charges above the amount reimbursed by the health plan (i.e., difference between billed charges and the amount paid). This may or may not be allowed, depending upon state regulations and the contractual arrangements between the parties.

BB – Beta Blocker

A class of drugs used in the management of cardiac arrhythmias, hypertension, and protecting the heart after myocardial infarction.

BCBSA – BlueCross BlueShield Association

A national trade association for local Blue plans which, in addition to traditional trade association functions, acts as a brand manager and technical advisor.

BD/CC – Bad Debt/Charity Care

Bad debt: amounts not recoverable from patients following exhaustion of all collection efforts. Charity care: care rendered to patients who do not have the ability to pay for services.

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.

BHP – Basic Health Program

New York State's Basic Health Program was established in 2015 pursuant to ACA as an option for financially-qualified individuals and families to receive coverage from private health insurers through the NYSOH exchange. All plans under BHP cover essential health benefits, including inpatient and outpatient care, physician services, diagnostic services, and prescription drugs among others, with no annual deductible and low out-of-pocket costs.

Bioterrorism

The use of biological agents in systematic terror, especially as a means of coercion to achieve goals.

BLS – Bureau of Labor Statistics

Federal agency that compiles statistics on employment, productivity, and labor trends.

BlueCross/BlueShield

A major provider of health benefits in New York State.

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.

BPCI – Bundled Payments for Care Improvement

Under BPCI, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. Traditionally, Medicare makes separate payments to providers for each of the individual services they furnish to beneficiaries for a single illness or course of treatment. Research has shown that bundled payments can align incentives for providers—hospitals, post-acute care providers, physicians, and other practitioners—allowing them to work closely together across all specialties and settings.

BSI – Bloodstream Infection

Also known as bacteremia, BSI occurs when bacteria enter the bloodstream. This may occur through a wound or infection, or through a surgical procedure or injection. See also: CLABSI.

BSN – Bachelor of Science in Nursing

A four-year academic degree in the science and principles of nursing, granted by a tertiary education university or similarly accredited school. Though one is eligible to sit for the NCLEX-RN licensing examination to become an RN after graduating from either a two-year or four-year nursing program, the BSN prepares nurses for a professional role away from the bedside with coursework in nursing science, research, leadership, and nursing informatics.

Bundle

A set of steps providers can take to improve quality in a specific area.

Bundled Payment

The use of a single payment for a group of related services.

C

C. difficile – *Clostridium difficile*

Often called *C. difficile* or *C. diff*, a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. It most commonly affects older adults in hospitals or in LTC facilities and typically occurs after use of antibiotic medications.

CABG – Coronary Artery Bypass Graft

A surgical procedure in which a vein or an artery is used to bypass a constricted portion of a coronary artery.

CAC – Cardiac Advisory Committee

A New York State Commissioner of Health advisory body consisting of renowned cardiac surgeons, cardiologists, and related specialists from New York and outside the state. CAC develops guidelines for the provision of hospital-based cardiac care.

CAD – Coronary Artery Disease

The leading cause of death worldwide, CAD is the end result of the accumulation of plaques within the walls of the coronary arteries that supply the muscle of the heart with oxygen and nutrients.

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.

CAMH – *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*

Manual designed to facilitate self-assessment of facility performance against TJC hospital standards. Similar manuals exist for ambulatory care, behavioral healthcare, and LTC.

Capital Costs

Equipment and physical plant costs, but not consumable supplies.

Capitation

A method of payment for healthcare 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.

CARF – Commission on Accreditation of Rehabilitation Facilities

A private, not-for-profit organization that accredits programs and services in adult day services, assisted living, behavioral health, employment and community services, and medical rehabilitation.

CASA – Community Alternatives System Agency

A local agency that provides home nursing assessments for anyone requiring PC aide services and helps arrange these services for individuals who are Medicaid-eligible.

Case Management

An arrangement where a case manager who is not a physician (usually an RN or a Masters in Social Work) serves as a medical ombudsman responsible for coordinating the care process for selected consumers.

CASPER – Certification and Survey Provider Enhanced Reporting

An administrative database of CMS that includes Medicare- and Medicaid-certified nursing homes, results of on-site visits, and a summary of nursing home resident characteristics.

CAT/CT – Computerized Axial Tomography/Computerized Tomography

A specialized radiological diagnostic technique in which a series of x-rays are computerized to create a composite (scan) picture of the body.

Catastrophic Coverage

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

CBE – Clinical Breast Examination

A physical examination of the breast done by a health professional. CBEs are used along with mammograms to check for breast cancer and other breast problems.

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 area 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.

CCD – Continuity of Care Document

An electronic document exchange standard within the CCD standard for sharing past and present patient health information across computer applications, such as web browsers, EMRs and EHRs.

CCDA – Consolidated Clinical Document Architecture

Under the CMS meaningful use program, providers must exchange patient care summaries in transitions of care. These summaries are known as CCDs or CCDA documents.

CCHIT – Certification Commission for Health Information Technology

A non-profit organization with the mission of accelerating the adoption of HIT. Founded in 2004, and certifying EHRs since 2006, CCHIT established the first comprehensive, practical definition of what capabilities were needed in these systems.

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.

CCLC – Continuing Care Leadership Coalition

A membership and advocacy organization comprised of more than 100 not-for-profit and public LTC organizations located in the New York metropolitan area and beyond, CCLC was established to harness the leadership and collective experience of these organizations to develop solutions to the challenges facing the LTC field.

CCN – CMS Certification Number

A unique identifying number that CMS assigns to participating providers.

CCRC – Continuing Care Retirement Community

A community that provides facilities for independent living and various healthcare services to individuals eligible to remain in the CCRC for the remainder of their lives, so long as any required entrance and ongoing fees have been paid.

CCR – Cost-to-Charge Ratio

A ratio used primarily in outlier calculations to estimate costs for an individual claim based on the charges for that claim.

CCU – Cardiac Care Unit/Coronary Care Unit

A specially equipped nursing unit for monitoring and treating patients with severe heart problems.

CDAC – Clinical Data Abstraction Center

Responsible for validating quality data that facilities submit as part of the Hospital Quality Alliance.

CDC – Centers for Disease Control and Prevention

A federal agency charged with protecting public health by providing leadership and direction in the prevention and control of diseases. The agency also responds to public health emergencies.

CDE – Certified Diabetes Educator

A title confirming that a health professional received special training in diabetes treatment and education. The certification is recognized by some payers.

CDI – *Clostridium difficile* Infection

A bacterial infection that can cause bowel distress and possibly life-threatening inflammation of the colon.

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.

CDRH – Center for Devices and Radiological Health

Part of the FDA, CDRH is responsible for ensuring the safety of medical devices and preventing unnecessary human exposure to radiation from electronic products.

CDT – Continuing Day Treatment

A comprehensive day treatment program for people with long-term psychiatric disabilities.

CERT – Comprehensive Error Rate Testing

CMS calculates the Medicare FFS improper payment rate through CERT. Each year, CERT evaluates a statistically valid random sample of claims to determine if they were paid properly under Medicare coverage, coding, and billing rules.

CFEEC – Conflict-Free Evaluation and Enrollment Center

A New York State evaluation program that determines if individuals need Medicaid community-based LTC for at least 120 days.

CFR – Code of Federal Regulations

A codification of the rules published in the *Federal Register* by the executive departments and agencies of the federal government.

CGFNS – The Commission on Graduates of Foreign Nursing Schools

An agency designated by the U.S. Immigration and Naturalization Service to obtain certifications for immigrant visas for RNs, LPNs, and LVNs.

CHA – Catholic Health Association

A national association of Catholic hospitals, healthcare facilities, religious orders, healthcare systems, and extended care facilities.

CHAMPVA – Civilian Health and Medical Program of the Veterans Administration

An entitlement healthcare program administered by the Department of Defense for the Veterans Administration that pays for care delivered by civilian healthcare providers to eligible dependents and survivors of certain veterans.

CHAP – Community Health Accreditation Program

A subsidiary of the National League for Nursing that accredits home- and community-based healthcare organizations.

Chargemaster

Also known as a CDM, it is a hospital's comprehensive listing of items billable to a hospital patient or a patient's health insurance provider. It typically serves as the starting point for negotiations with patients and health insurance providers of what amount of money will actually be paid to the hospital. The chargemaster is a master file built within hospital information systems and designed to communicate with other systems to support government-mandated standard billing requirements. It contains data elements such as charge descriptions, billing codes, and pricing.

Cherry Picking

The managed care practice of seeking only healthy customers.

CHF – Congestive Heart Failure

A condition in which the heart cannot pump enough blood to meet the needs of the body's other organs. It can result from numerous causes.

CHHA – Certified Home Health Agency

An agency certified to participate in Medicare and Medicaid that provides skilled nursing services and at least one of the following other services in a patient's home: physical, speech or occupational therapy, social services, or home health aide services.

CHIME – College of Healthcare Information Management Executives

An executive organization dedicated to serving chief information officers and other senior healthcare information technology leaders.

CHIP – Children's Health Insurance Program

A program that provides health coverage to eligible children, through both Medicaid and separate CHIP operations. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Chiropractic

A disease theory arguing that the function of a patient's spinal cord and nervous system strongly influences an individual's state of health.

CHITA – Community Health Information Technology Adoption Collaborative

Community-based collaborations of clinicians and providers in a defined care coordination zone with a mission to advance the adoption and effective use of interoperable EHRs. In contrast to RHIOs, which must be independent not-for-profit entities, CHITAs are informal collaborations of provider participants in a care coordination zone for the purpose of sharing software, technical services, and clinical services.

CHNA – Community Health Needs Assessment

Section 501(r) of ACA requires hospitals to conduct a Community Health Needs Assessment every three years and adopt an implementation strategy to meet the community health needs identified.

CHP – Child Health Plus

A program that provides primary, preventive, and inpatient coverage to children under the age of 19 in New York State.

CJR – Comprehensive Care for Joint Replacement

A federal government-created model program established in 2015 to test bundled payments for hip and knee surgeries. Two New York MSAs (New York City/Long Island/surrounding metro areas, and Buffalo) were selected for the program.

CLABSI – Central Line-Associated Bloodstream Infection

A primary bloodstream infection associated with the presence of a central line or an umbilical catheter in neonates at or before the onset of the infection.

Claim

A formal request by a healthcare provider to receive payment for services.

CLI – Central Line Infection

An infection that develops from a patient having a central line insertion and ongoing maintenance of the central line. Central lines are used for monitoring, medications, and other treatments.

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).

CMG – Case Mix Group

A Medicare patient classification system that groups patients with similar characteristics. This provides a basis for describing the types of patients a hospital or other healthcare provider treats (its case mix).

CMHA – Conference of Metropolitan Hospital Associations

Part of AHA, CMHA brings associations representing hospitals in metropolitan areas together to discuss issues of common interest.

CMI – Case Mix Index

A measure of relative acuity for treating a hospital's patients.

CMMI – Center for Medicare and Medicaid Innovation

ACA authorized CMMI to spend \$10 billion over the next ten years to fund innovative delivery models designed to improve the quality of patient care, improve public health, and reduce costs. CMMI is part of CMS. CMMI is also known as the Innovation Center.

CMP – Civil Monetary Penalty

A penalty imposed by government agencies for violation of a regulation.

CMP – Competitive Medical Plan

A term used by CMS for a subset of the organizations that have risk contracts to serve Medicare beneficiaries on a capitated payment basis.

CMS – Centers for Medicare and Medicaid Services

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

CNA – Certified Nurse Aide

An individual certified to perform nurse assistant duties under the supervision of a nurse.

CNO – Chief Nursing Officer

The senior nursing management professional in a healthcare organization, the CNO is an RN who supervises the care of all the patients at a healthcare facility.

Coalition to Protect America's Healthcare

A community of more than one million people who recognize the important role hospitals play in communities all over America and advocate on their behalf to elected officials in Washington. The Coalition represents the interests of community, children's, teaching, public, religious, rehabilitation, behavioral health, and LTC hospitals, and their patients.

COB – Coordination of Benefits

The protocols that determine each payer's responsibility when more than one payer is responsible for paying for a patient's care.

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 healthcare plan where the enrolled person pays a specified percentage of the cost of covered services received.

Commission on Health Care Facilities in the 21st Century

Also known as the "rightsizing" or "Berger" commission, this panel was created by Governor George Pataki and the State Legislature in 2005 to undertake an independent review of healthcare capacity and resources in New York State and make recommendations for restructuring. Many of the Commission's recommendations were implemented.

Community Benefit

The value returned to a community by the presence of a healthcare facility. Also, a planned, managed, organized, and measured approach to hospitals' participation in meeting identified community health needs.

Community Health

Health and quality-of-life improvement initiatives that improve the health and well-being of people in the local community and use resources effectively and efficiently to promote health and reduce the overall cost of healthcare.

Community Rating

Setting health insurance premiums based on the average cost of providing medical services to all people in a geographic area, without adjusting for each individual's medical history or likelihood of using such services.

Comprehensive Medical Service Organization

A wholly owned subsidiary of a health system that purchases the tangible assets of physician practices, manages those practices, and negotiates managed care contracts with payers on behalf of the physician group(s) and hospital.

CON – Certificate of Need

A regulation that requires state approval of medical care facility construction, initiation of new healthcare services, addition of hospital or nursing home beds, and purchase of major medical equipment.

Continuum of Care

A comprehensive set of services including preventive, acute, long-term, and rehabilitative services, or the set of providers offering those services.

Copayment

A form of cost-sharing under a healthcare 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 – Comprehensive Outpatient Program Services

A New York State program that enables a provider of licensed mental health outpatient services to be eligible to receive supplemental medical assistance reimbursement in exchange for the provision of enhanced outpatient services.

COPs – Conditions of Participation

Conditions that healthcare organizations must meet to participate in the Medicare and Medicaid programs.

Cost-Sharing

A payment system in which the patient pays some costs to receive care while Medicare or an insurance company pays the rest.

Covered Service

A healthcare service that qualifies for full or partial reimbursement by Medicare or an insurance company.

GPC – Comprehensive Primary Care Initiative

A four-year multi-payer initiative designed to strengthen primary care launched in October 2012, in which the federal government collaborated with commercial and state health insurance plans in seven U.S. regions to offer population-based care management fees and shared savings opportunities to participating primary care practices to support the provision of a core set of five “comprehensive” primary care functions.

CPEP – Comprehensive Psychiatric Emergency Program

A psychiatric emergency program based in a hospital ER that provides specialized psychiatric holding beds, mobile crisis intervention, assessment, and stabilization.

CPHP – Center for Public Health Preparedness

The University at Albany Center for Public Health Preparedness provides emergency preparedness training, resources, and assistance to public health professionals and their community response partners across New York State and the nation.

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 healthcare 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 healthcare settings.

CPIA – Clinical Practice Improvement Activity

Part of MIPS, CPIA assesses surgeons according to their effort to engage in clinical practice improvement activities.

CPI – Consumer Price Index

An indicator that measures the change in cost of a constant bundle of goods and services purchased by consumers.

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 healthcare status.

CPR – Cardiopulmonary Resuscitation

A procedure that, when successful, restores heartbeat and breathing.

CPT-4 – Current Procedural Terminology, 4th Edition

A system of terminology and coding developed by AMA 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.

CQM – Clinical Quality Measure

Used to help measure and track the quality of healthcare services provided by hospitals and providers. CQMs measure aspects of patient care including the following: health outcomes, clinical processes, patient safety, efficient use of healthcare resources, care coordination, patient engagements, population and public health, and clinical guidelines. Providers are required to report CQMs to CMS as part of quality improvement and reimbursement programs.

CRE – Carbapenem-resistant *Enterobacteriaceae*

A family of bacteria that causes infections that are difficult to treat because they have high levels of resistance to antibiotics.

CRFP – Capital Restructuring Financing Program

Begun in 2014, this New York State program awards \$1.2 billion over seven years to support capital projects that promote access to and strengthen essential health services, including projects that will improve infrastructure, promote integrated health systems, and support the development of additional primary care capacity.

CRNA – Certified Registered Nurse Anesthetist

Working closely with other healthcare professionals such as surgeons, dentists, podiatrists, and anesthesiologists, a CRNA takes care of a patient's anesthesia needs before, during, and after surgery or the delivery of a baby.

CRY – Cost Reporting Year

The 12-month period for which a healthcare provider submits its annual Medicare cost report to CMS.

CSP – Community Service Plan

All voluntary, not-for-profit hospitals and health systems are required by DOH to develop and make available to the public an annual CSP that details the healthcare organization's mission, performance in meeting community needs, and performance in improving access to care.

CSR – Cost-Sharing Reduction

Part of ACA, CSRs are government subsidies that lower the amount low-income Americans have to pay for health insurance, deductibles, copayments, and coinsurance.

CUSP – Comprehensive Unit-Based Safety Program

A five-step program designed to change a unit's workplace culture—and in so doing, bring about significant safety improvements—by empowering staff to assume responsibility for safety in their environment. This is achieved through education, awareness, access to organization resources, and a toolkit of interventions.

CVA – Cerebral Vascular Accident

A serious bleed or blockage of a blood vessel in the brain causing a stroke.

CVC – Central Venous Catheter

A catheter placed into a large vein in the neck, chest, or groin to administer medication or fluids, obtain blood tests, and directly monitor cardiovascular measurements such as the central venous pressure.

CV – Curriculum Vitae

A career summary that contains personal details, education, qualifications, and experience.

CVS – Credentials Verification Service

Created by The Commission on Graduates of Foreign Nursing Schools to independently verify credentials of foreign-educated healthcare professionals who seek licensure in New York State.

CY – Calendar Year

The calendar year runs from January 1 through December 31.

D

D&T – Diagnostic and Treatment Center

A facility that provides specialized or primary care for periods of less than 24 hours. State certification under State Public Health Law Article 28 is required to operate.

DANY – Doctors Across New York

A New York State program that provides practice support and loan repayment funding to physicians who locate in communities in need.

DataGen

A for-profit subsidiary of HANYS Solutions, DataGen provides information-based tools that support the operations, advocacy, and educational needs of hospitals, healthcare systems and networks; hospital/healthcare associations; researchers; and consultants nationwide.

DBL – Disability Benefits Law

A New York State law mandating the payment of lost time benefits to employees who are absent from work because of non-occupational disabilities.

Deductible

A form of cost-sharing in a healthcare plan where the enrolled person pays an initial, specified dollar amount for covered healthcare services received before the plan will make any payments for covered benefits.

DEIP – Data Exchange Incentive Program

Established by DOH, with support from CMS, to increase HIT adoption across the state by helping to defray the cost of connecting to SHIN-NY.

Delirium

Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of your environment. Because symptoms of delirium and dementia can be similar, input from a family member or caregiver may be important for a doctor to make an accurate diagnosis.

Dementia

Dementia is not a specific disease. Instead, dementia describes a group of symptoms affecting memory, thinking, and social abilities severely enough to interfere with daily functioning.

Det Norske Veritas

The Det Norske Veritas' NIAHO is a hospital accreditation program that integrates the ISO 9001 quality management system with the Medicare COPs.

DFS – Department of Financial Services

The New York State Banking Department and the New York State Insurance Department merged to become the New York State Department of Financial Services in 2011.

DICOM – Digital Imaging and Communication in Medicine

The industry standard for transfer of radiologic images and other medical information between computers. It enables digital communication between diagnostic and therapeutic equipment and systems from various manufacturers.

Direct Contracting

An arrangement whereby employers, unions, and other payers bypass insurance companies and HMOs and contract directly with organized provider networks.

Discharge Data Abstract

A summary description of data abstracted from a hospitalized patient's medical record that includes specific clinical data and other information about the patient, the physician, and insurance and financial status.

DME – Direct Medical Education

The direct costs associated with the operation and administration of approved Graduate Medical Education programs. See also: GME and IME.

DME – Durable Medical Equipment

Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses. This includes items such as oxygen tents, nebulizers, catheters, hospital beds, patient lifts, and wheelchairs.

DNR – Do-Not-Resuscitate Order

An order signed by a qualified physician and included in the patient record instructing the staff of the institution not to attempt to resuscitate that patient in case of cardiac or respiratory failure.

DOB – Division of the Budget

The New York State agency responsible for assisting the Governor in creating the state budget. DOB also correlates and revises the estimates and requests for appropriations from state departments and agencies.

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.

DOH – Department of Health

The New York State agency responsible for the administration and enforcement of the Public Health Law, Medicaid, Family Health Plus, and Child Health Plus. It also provides state aid for public health work conducted by counties and cities and administers federal monies allotted for healthcare.

DOL – Department of Labor

An agency at both the federal and state levels that works to foster the welfare of wage earners, improve their working conditions, and advance opportunities for profitable employment.

DPT – Days Per Thousand

A utilization measure that looks at the number of hospital inpatient days incurred for every 1,000 members of a healthcare plan.

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: AP-DRG, MS-DRG, and APR-DRG.

DSH – Disproportionate Share Hospital

A hospital that serves a relatively large volume of low-income patients. These hospitals receive an additional payment amount under the Medicare PPS.

DSME – Diabetes Self-Management Education

Patient self-management is a critical component of the clinical management of diabetes mellitus required to achieve good patient outcomes.

DSRIP – Delivery System Reform Incentive Payment

Part of New York State’s \$8 billion Medicaid waiver announced in 2014, CMS will make funding available through DSRIP to safety net providers and their partners for delivery system reform and require providers to implement one or more projects from a pre-approved list designed to achieve the state’s goal of reducing potentially preventable hospitalizations.

Dual-Eligible

A person who is entitled to Medicare and Medicaid benefits.

Durable Power of Attorney for Healthcare

An advance directive that designates a family member or friend to make decisions about a patient's care should the patient become unable to do so. It has a wider scope than a living will.

DUR – Drug Utilization Review

An evaluation of patient drug use to determine the effectiveness of a prescribed drug therapy.

DVT – Deep Vein Thrombosis

Blood clotting in veins deep in the body, usually in the inner thigh or leg.

E

E&M – Evaluation and Management

A set of Current Procedural Terminology codes that refer to evaluation and management services.

e-Prescribing

A technology framework that allows physicians and other medical practitioners to write and send prescriptions to a participating pharmacy electronically instead of using handwritten or faxed notes or calling in prescriptions.

EAP – Employee Assistance Program

Employer-financed counseling for drugs, alcohol, and family problems.

EAPG – Enhanced Ambulatory Patient Group

The name of the 3M Company system used in New York's Medicaid program as a payment methodology. See also: APG.

ECF – Extended Care Facility

Term used by the federal government for a nursing home or nursing center providing 24-hour care.

ECG/EKG – Electrocardiogram

A tracing of the heart muscle's electrical impulses recorded at the body's surface.

ECHO – Emergency Care and Hospital Operations

Funded by the New York State Assembly, this collaborative of HANYS' members addresses ED quality improvement, demand-capacity management, and patient flow.

ECMO – Extracorporeal Membrane Oxygenation

Also known as extracorporeal life support, ECMO uses biomedical devices that reproduce the functions of the heart and lungs.

eCQM – Electronic Clinical Quality Measures

eCQMs use data from EHRs and/or HIT systems to measure healthcare quality.

ECRIP – Empire Clinical Research Investigator Program

This program encourages teaching hospitals and Graduate Medical Education consortia to train physicians as clinical researchers to advance biomedical research in New York's academic health centers.

ED/ER – Emergency Department/Emergency Room

A medical treatment facility specializing in emergency medicine and the acute care of patients who present without prior appointment, either by their own means or by that of an ambulance. The ED is usually found in a hospital or other primary care center.

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.

EEG – Electroencephalogram

A brain wave study.

EFM – Electronic Fetal Monitoring

A method for examining the condition of a baby in the uterus by noting any usual changes in its heart rate.

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 healthcare and health-related services. EHRs include patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

EHS – Employee Health Services

A program providing pre-employment medical screening and healthcare services to employees.

EIP – Early Intervention Program

A state program that requires hospitals to identify children from birth to age three with developmental delays, who might benefit from early treatment or therapy.

EISEP – Expanded In-Home Services for the Elderly Program

A New York State program created in 1986 to provide in-home and non-medical home care for functionally impaired seniors who are not eligible for Medicaid.

Eligible

An individual who meets the requirements necessary to participate in a particular healthcare plan or program.

eMedNY

The electronic system New York State uses to process Medicaid claims.

Employer Mandate

When the government requires all employers to provide health coverage to their employees, or face penalties.

EMR – Electronic Medical Record

A computer-based patient medical record that 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.

EMS – Emergency Medical Services

An integrated, federally assisted system of health manpower, facilities, and equipment providing all necessary emergency care in a defined geographic area.

EMTALA – Emergency Medical Treatment and Labor Act

Enacted in 1986, this federal law requires hospitals to assess whether a patient has an emergency condition and, if so, to stabilize it.

EMT – Emergency Medical Technician

Individuals trained to deliver pre-hospital emergency care at the scene of an injury or sudden illness.

Enrollee

An individual subscriber to a healthcare plan who is covered on his/her own behalf, not as an eligible dependent.

Enrollment

The total number of enrollees in a healthcare plan at a given point in time.

EOC – Effectiveness of Care

Measures included in the HEDIS to measure health plans' effectiveness in meeting patient needs.

EPIC – Elderly Pharmaceutical Insurance Coverage

A New York State-funded program that subsidizes prescription drug costs for certain elderly residents.

EPM – Episode Payment Model

In 2016, CMS finalized new Innovation Center models that shift Medicare payments from rewarding quantity to quality by creating strong incentives for hospitals to deliver better care to patients at a lower cost. The models include the following: Acute Myocardial Infarction Model; Coronary Artery Bypass Graft Model; Surgical Hip and Femur Fracture Treatment Model; and Cardiac Rehabilitation Incentive Payment Model.

EPO – Exclusive Provider Organization

A type of preferred provider organization where the patient must exclusively use the providers within the PPO.

EPs – Elements of Performance

The steps providers must take to achieve the goals of TJC standards.

ERISA – Employee Retirement Income Security Act

A federal law mandating reporting and disclosure requirements for group health and life insurance plans.

ESRD – End-Stage Renal Disease

The point in time when a patient with kidney disease has lost all or most kidney function.

Essential Health Benefits

Essential health benefits are a set of ten categories of services health insurance plans must cover under ACA, including doctors' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, and mental health services. The NYSOH Exchange offers an Essential Health Plan for low-income New Yorkers that includes these services.

Experience Rating

A method of determining healthcare plan premiums based partially or wholly on the previous experience of the rated group or pool of groups.

External Appeal

Under New York law, providers and patients have the right to request an independent agency to review their case (external appeal) if a managed care plan denies coverage of a healthcare service.

F

F Tags

A term used to identify specific federal nursing home regulations in the OSCAR data system in relation to the survey and certification of a nursing home.

F-SHRP – Federal-State Health Reform Partnership

An arrangement with the federal government under the auspices of a Section 1115 waiver through which the state receives funding for healthcare reform and restructuring initiatives.

FACHE – Fellow of the American College of Healthcare Executives

Healthcare executives who successfully meet the comprehensive credentialing program criteria of ACHE become board-certified in healthcare management and are recognized as ACHE Diplomates or Fellows.

FAH – Federation of American Hospitals

A national association of investor-owned hospitals and healthcare facilities.

FASC – Freestanding Ambulatory Surgery Center

A non-hospital-sponsored ambulatory surgery center.

Favored Nations Discount

A contractual agreement between a provider and payer stating that the provider will automatically give the payer the best discount it provides anyone else.

FCHCO – Federal Coordinated Health Care Office

A federal office established by ACA within CMS to more effectively integrate benefits and services between state and federal governments for beneficiaries who are dually eligible for Medicare and Medicaid.

FDA – Food and Drug Administration

A federal office whose major interests are protecting against unsafe foods, drugs, cosmetics, and other potential hazards.

Federally Qualified HMO

An HMO that meets certain federal provisions aimed at protecting consumers.

Fee Schedule

A list of accepted fees or predetermined monetary allowances for specified medical services and procedures.

FEHB – Federal Employee Health Benefits Program

The group health insurance program for federal employees. The largest employer-sponsored contributory health insurance program in the world.

FEMA – Federal Emergency Management Agency

An independent agency of the federal government whose mission is to reduce loss of life and property and protect the nation's critical infrastructure from all types of hazards through a comprehensive, risk-based, emergency management program.

FFP – Federal Financial Participation

People or programs eligible to have federal government financing for a portion of service charges.

FFS – Fee-For-Service

The traditional payment system in which the healthcare provider bills the patient or insurer for each visit and service provided.

FFY – Federal Fiscal Year

The FFY runs from October 1 through September 30.

FHA – Federal Housing Administration

A federal agency providing federally insured loans to hospitals and nursing homes.

FHCDA – Family Health Care Decisions Act of 2010

A New York State law that allows family members to make healthcare decisions on behalf of patients who lose their ability to make such decisions and have not prepared advance directives regarding their wishes.

FHFMA – Fellow of Healthcare Financial Management Association

A distinction given to healthcare financial managers who achieve the rank of Fellow after meeting requirements beyond those for membership in HFMA.

FICA – Federal Insurance Contribution Act

The federal law that requires individuals to contribute to the Social Security fund.

FIDA – Fully-Integrated Duals Advantage Program

New York State was one of 15 states to receive a federal grant in 2012 to develop a demonstration program to coordinate care for people receiving both Medicare and Medicaid (dual eligibles). New York's proposal includes the FIDA program.

FI – Fiscal Intermediary

A contractor that processes and pays provider claims on behalf of a government agency.

FMAP – Federal Medical Assistance Percentage

The federal government matches state Medicaid spending for specified categories of people and benefits, based on the FMAP formula, which compares each state's per capita income to the national average.

FMEA – Failure Mode and Effects Analysis

A procedure for analyzing potential failure modes within a system. Failures are prioritized according to how serious their consequences are, how frequently they occur, and how easily they can be detected. FMEA also documents current knowledge and actions about the risks of failures, for use in continuous improvement.

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/Law

Federal and state laws allowing citizens and organizations access to government records while safeguarding individuals' rights to privacy.

Foundation Model

A health system that purchases physician practices, placing them under a foundation structure as a non-profit, wholly-owned subsidiary of the system. The physicians remain employees of a separate professional corporation, but sign professional service agreements with the foundation.

FPL – Federal Poverty Level

The federal and state governments use FPL in calculating individuals' eligibility for financial assistance for health insurance.

FQHC – Federally Qualified Health Center

A type of provider defined by the Medicare and Medicaid statutes, including all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC look-alikes. FQHCs must provide primary care services for all age groups and must provide preventive health services onsite or by arrangement with another provider.

Freestanding Emergency Center

A facility physically separate from a hospital that provides emergency and primary care. Also called an emergi-center or urgi-center.

Freestanding Outpatient Surgical Center

A facility physically separate from a hospital, which provides pre-scheduled surgical services.

FSMB – Federation of State Medical Boards

A national organization consisting of state medical licensing boards.

FY – Fiscal Year

A 12-month period, other than a CY, for which an organization maintains its budget and financial records.

G

GAAP – Generally Accepted Accounting Principles

The standard framework of guidelines for financial accounting, including the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in preparing financial statements.

GAF – Geographic Adjustment Factor

An adjustment to a provider's Medicare reimbursement rate to account for differences in the cost of providing care in different geographic areas.

GAO – General Accountability Office

Also known as the General Accounting Office, GAO is an independent congressional agency that reviews federal financial transactions, examines the expenditure of appropriations of federal agencies, and reports to Congress.

Gatekeeper

A healthcare professional who coordinates, manages, and authorizes all healthcare services provided to a covered beneficiary.

Geriatrician

A physician who specializes in the healthcare needs of older adults.

GME – Graduate Medical Education

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

GMLOS – Geometric Mean Length of Stay

A mean used by CMS to develop fractional reimbursement for people whose medical treatment takes a much longer or shorter time than average.

GNHYA – Greater New York Hospital Association

One of the regional affiliates of HANYS. GNYHA membership consists primarily of voluntary and municipal hospitals and nursing homes in and around the five boroughs of New York City.

GPCI – Geographic Practice Cost Index

Under Medicare's physician fee schedule, GPCI adjusts payment rates to account for differences in the cost of furnishing physician services in different geographic areas.

GPS – HANYS’ Group Purchasing Services, Inc.

A for-profit subsidiary of HANYS Solutions, HANYS’ GPS offers access to quality medical supplies, food, equipment, and pharmaceuticals with significant savings, thereby enhancing HANYS members’ operational efficiency.

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.

Group Practice Model

A type of HMO in which physicians practice in a common facility and use common staff. Income is pooled and distributed according to an agreed-upon plan.

Grouper

A computer software program that uses clinical and other information to classify medical cases into the proper Diagnosis Related Group.

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

H1N1 – H1N1 Influenza Virus

Often referred to as “swine flu,” the H1N1 virus, first identified in April 2009, caused a pandemic that extended into 2010. Most infected people experience mild symptoms, but it can be fatal.

HAC – Healthcare-Acquired Condition

The term is used in federal and state regulations to describe a medical problem that was not present on admission to a hospital.

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.

HANYS Antibiotic Stewardship Collaborative

HANYS established this collaborative in 2015 to support member hospitals as they accelerate their focus on antibiotic stewardship, providing tools and resources to reduce drug-resistant organisms, prevent *Clostridium difficile* infections, and prepare for future mandates.

HANYS Solutions

A for-profit subsidiary of HANYS and the parent of HANYS' for-profit companies, HANYS Solutions provides responsive, high-quality products and services to the healthcare market of New York State and the nation.

HANYS – Healthcare Association of New York State

The only statewide advocate for not-for-profit and public health systems, hospitals, nursing facilities, home care agencies, hospice programs, adult day care programs, and other related healthcare facilities throughout New York State.

HARP – Health and Recovery Plan

Part of New York State's behavioral health managed care program, HARPs manage care for adults with significant behavioral health needs. They facilitate the integration of physical health, mental health, and substance use services for individuals requiring specialized expertise, tools, and protocols which are not consistently found within most medical plans.

HARRI – Home Assessment Resource Review Instrument

A home care assessment instrument used to assess Medicaid applicants/recipients for PC services, home health services, and long-term home healthcare programs.

HBS – HANYS Benefit Services

A for-profit subsidiary of HANYS Solutions, HBS designs, negotiates, markets, and services employee benefit programs, property and casualty insurance plans, and other insurance coverage offered primarily to healthcare providers.

HCA – Home Care Association of New York State

An association representing CHHA's in New York State.

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

A standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. HCAHPS data are available on the CMS Hospital Compare website.

HCEARA – Health Care and Education Affordability Reconciliation Act of 2010

Part of comprehensive federal healthcare reform, HCEARA was enacted by Congress, by means of the reconciliation process, to make changes to ACA.

HCPCS – Healthcare Common Procedure Coding System

An expansion of Current Procedural Terminology codes used by CMS to code medical and surgical procedures.

HCP – New York State Association of Health Care Providers

An association representing licensed home care services agencies in New York State.

HCRA – Health Care Reform Act

The legislation that deregulated New York State's hospital inpatient financing system for most payers effective January 1, 1997, and established a public goods financing mechanism to reimburse hospitals for a portion of their uncompensated care and GME expenses. It also established funding for the state's Child Health Plus program, various other insurance demonstration projects, and quality and primary care initiatives.

HCSC – Healthcare Community Securities Corporation

A for-profit subsidiary of HANYS Solutions, HCSC is a broker-dealer specializing in providing employers with comprehensive retirement products and services, including 401(k) and 403(c) retirement plans and investment advisory service selection.

HCS – Health Commerce System

A secure, internet-based system used by DOH to communicate and exchange data with, and distribute software to, hospitals and other healthcare providers.

HCUP – Healthcare Cost and Utilization Project

A federal study undertaken by the Agency for Healthcare Research and Quality to create a national database for research into the efficacy and costs of U.S. healthcare.

HDHP – High Deductible Health Plan

A health insurance plan with a lower premium and higher deductible than a traditional health plan.

HDL – High-Density Lipoproteins

Lipoproteins that enable lipids like cholesterol and triglycerides to move within the water-based solution of the bloodstream. When measuring cholesterol, any contained in HDL particles is considered as protection to the body's cardiovascular health, in contrast to “bad” LDL cholesterol.

HEAL NY – Health Care Efficiency and Affordability Law for New Yorkers

A four-year New York State grant program established in 2005 that provided \$1 billion in capital grant funding to support healthcare facility improvements, reconfiguration and consolidation, information technology enhancements, and other projects to enhance the efficiency of facility operations.

Health Home

In New York State, health home services support the provision of comprehensive, coordinated medical and behavioral healthcare to patients with chronic conditions. The goal of the Medicaid Health Home Demonstration Program is to reduce avoidable readmissions and ER visits, and improve quality outcome. See also: PCMH.

Healthcare Plan

Any entity or organization that covers healthcare services.

Healthcare Proxy

A document authorizing a person (the agent) to make healthcare decisions on behalf of another person (the principal) in the event that the principal lacks the capacity to make decisions for him/herself. To order free proxy cards from HANYS, both members and non-members may call (800) 242-0004.

Healthcare Worker

An individual employed by a healthcare provider.

HEDIS® – Health Plan Employer Data and Information Set

Part of the process used by NCQA 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.

HERDS – Hospital Emergency Response Data System

DOH's comprehensive, interactive database that provides health officials with online, real-time data describing available hospital beds; medical supplies; personnel; numbers, status, and immediate care needs of ill or injured persons; and other urgent information to facilitate a rapid and effective emergency response.

HERF – Healthcare Educational and Research Fund

A not-for-profit affiliate of HANYS, HERF is known for the many conferences and seminars it plans and coordinates for the healthcare community. It is a source of quality programming and strives to provide an open forum for discussion on strategies and tools to improve the delivery of quality healthcare.

HFMA – Healthcare Financial Management Association

A professional society of healthcare financial managers and those in related fields.

HHA – Home Health Agency

An agency that provides healthcare, social work, and rehabilitation services in the home. To be certified under Medicare, an agency must provide skilled nursing services and at least one additional therapeutic service in the home.

HHQI – Home Health Quality Initiative

A CMS project that aims both to improve the quality of home healthcare by assisting and educating home healthcare agencies and to provide consumers with information on the quality of care provided by home care agencies.

HHRG – Home Health Resource Group

A home care patient's case-mix classification used to determine payment for services under the Medicare Home Health PPS.

HHS – Department of Health and Human Services

The federal agency that administers most federal health programs, including Medicare.

HIAA – Health Insurance Association of America

A professional organization that promotes the development of voluntary insurance against loss of income and financial burdens resulting from accident or illness.

HIE – Health Information Exchange

Provides the capability to electronically move clinical information among disparate healthcare information systems to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care.

High Reliability

A high reliability organization (HRO) is one that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity. The concept of high reliability is attractive for healthcare, due to the complexity of operations and the risk of significant consequences when failures occur in healthcare.

HIM – Health Information Management

The management of information in healthcare organizations that often includes the use of automated or computerized systems.

HIMSS – Health Information Management System Society

A professional society for data processing within hospitals.

HIPAA – Health Insurance Portability and Accountability Act of 1996

Federal law that governs privacy, security, and electronic transaction standards for healthcare information, while also protecting an individual's right to health coverage during events such as changing or losing jobs, pregnancy, moving, or divorce.

HIPDB – Healthcare Integrity and Protection Data Bank

A national healthcare fraud and abuse data collection program for reporting and disclosing certain adverse actions taken against providers, suppliers, and practitioners. It merged with NPDB in 2013.

HIQRP – Hospital Inpatient Quality Reporting Program

Formerly known as the Reporting Hospital Quality Data for Annual Payment Update, this initiative requires hospitals to submit data for specific quality measures for health conditions common among people with Medicare, and which typically result in hospitalization. Hospitals that do not participate in HIQRP receive a reduction in their Medicare annual inpatient payment update.

HISP – Health Information Service Provider

Provide technology services that enable the secure exchange of health information between providers. Many healthcare organizations use HISPs to meet meaningful use program requirements for secure data exchange.

HIT – Health Information Technology

Computer-based tools developed specifically for healthcare delivery. These tools can provide physicians and other clinicians up-to-date information about their patients, access to cutting-edge medical knowledge and best practices through decision-support systems, and other benefits.

HITEC – Health Information Technology Evaluation Collaborative

A multi-institutional, academic collaborative, HITEC serves in a research and evaluative role with respect to HIT initiatives in New York State. HITEC was formed to assess and develop evaluation instruments for HIE initiatives across the state, while integrating a variety of stakeholders, including providers, payers, employers, foundations, the federal government, RHIOs, and vendors.

HITECH – Health Information Technology for Economic and Clinical Health Act

The HITECH Act of 2009 represents a commitment by the federal government to promote the widespread adoption and use of HIT with the goal of ensuring every American has an EHR.

HIV – Human Immunodeficiency Virus

A virus that causes a breakdown of the body's immune system, leading in some cases to the development of AIDS.

HLQAT – Hospital Leadership and Quality Assessment Tool

A self-assessment tool designed to assess the perceptions of hospital board members and leaders about important areas of clinical quality improvement in their hospitals.

HMO – Health Maintenance Organization

A prepaid group health plan that provides a range of services for a fixed monthly premium.

Hold-Harmless

When used in healthcare 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.

Home Health Care

Healthcare, social work, and rehabilitation services provided to patients in their homes.

HOP QDRP – Hospital Outpatient Quality Data Reporting Program

Under this program, hospitals report data on the quality of hospital outpatient care using standardized measures to receive the full annual update to their Medicare Outpatient PPS rate. HOP QDRP is modeled on the quality data reporting program for inpatient services, HIQRP.

HOPD – Hospital Outpatient Department

Hospital-operated care settings that are not on the hospital campus.

Hospice Care

Healthcare 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 PCP informed of the patient's condition and progress on a daily basis.

HPA – New York Health Plan Association

A trade association based in Albany representing New York's managed care organizations.

HPCANYS – Hospice and Palliative Care Association of New York State

A trade association primarily composed of certified hospice programs and palliative care programs caring for the terminally ill.

HPNA – Hospice and Palliative Nurses Association

A professional nursing organization dedicated to promoting excellence in hospice and palliative nursing care.

HPPD – Hours Per Patient Day

A healthcare workforce statistic used in budgeting and planning, HPPD is computed by dividing the number of nursing hours by the number of patients.

HPSA – Health Professional Shortage Area

Areas identified by HRSA as having shortages of primary medical care, dental, or mental health providers. The areas may be geographic (e.g., a county or service area), demographic (e.g., low-income population), or institutional (e.g., comprehensive health center, federally qualified health center, or other public facility).

HQA – Hospital Quality Alliance

A public/private collaboration to improve the quality of care provided by the nation's hospitals by measuring and publicly reporting on that care. Through this national CMS project, participating hospitals agree to submit additional quality information for public reporting.

HQI – Hospital Quality Initiative

Part of HQA, this CMS project encompasses several parts, including demonstration projects and the Hospital Compare website. Its goals are to improve the care provided by the nation's hospitals and to provide quality information to consumers and others.

HRET – Hospital Research and Educational Trust

A part of AHA that engages in educational and research activities to improve the management of hospital and health services.

HRF – Health Related Facility

A residential healthcare facility whose residents are more functionally independent than those residing in an SNF. Often used synonymously with the federal term “intermediate care facility.”

HRSA – Health Resources and Services Administration

A federal agency that directs national health programs assuring quality healthcare to under-served, vulnerable, and special-need populations and promotes appropriate health professions workforce capacity and practice.

HSA – Health Savings Account

Established by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, HSAs are tax advantaged medical savings accounts designed to help individuals save for future qualified medical and retiree health expenses on a tax-free basis.

HSRV – Hospital-Specific Relative Value

A weighting system used in the Medicare IPPS that adjusts for a hospital’s costs.

HTNYS – Healthcare Trustees of New York State

An affiliate of HANYS, its mission is to assist voluntary healthcare trustees through education, communications, and advocacy to promote the delivery of quality healthcare to all communities in a cost-effective manner. HTNYS serves trustees statewide through a Board of Governors that establishes policy for the organization.

HUD – Housing and Urban Development

A federal agency responsible for programs concerned with housing needs, fair housing opportunities, and improving and developing the nation’s communities.

I-STOP – Internet System for Tracking Over-Prescribing

Under this New York State program, most prescribers are required to consult the Prescription Monitoring Program (PMP) Registry when writing prescriptions for Schedule II, III, and IV controlled substances. The PMP Registry provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients.

IAAF – Interim Access Assurance Fund

Part of New York State's five-year, \$8 billion Medicaid waiver announced in 2014, IAAF provided \$500 million in temporary funding to stabilize seriously financially imperiled DSRIP-eligible safety net providers until DSRIP funding became available. IAAF ended on March 31, 2015, and was replaced by VAPAP.

IBNR – Incurred But Not Reported

Costs associated with a medical service that has been provided, but for which a claim has not been received by the carrier.

ICD 10-CM – International Classification of Disease, Tenth Revision, Clinical Modification

A classification system that groups related diseases and procedures for the reporting of statistical information. Maintenance of the system is shared by CMS and NCHS.

ICD – International Classification of Disease

A system developed by the World Health Organization for classifying mortality data from death certificates.

ICF – Intermediate Care Facility

A federal classification of institutions recognized under the Medicaid program that provide health-related services to individuals who need care in an institutional facility but do not require the degree of care that a hospital or SNF is designed to provide.

ICM – Intensive Case Management

A case management model provided by the mental health system that includes crisis management, screening, assessment, care planning, service arrangement, monitoring, evaluation, and advocacy.

ICR – Institutional Cost Report

A uniform report used by New York hospitals to report income, expenses, assets, liabilities, and statistics to DOH and various Blue Cross plans.

ICU – Intensive Care Unit

A nursing unit specially equipped for monitoring and treating seriously ill patients. Specialized types of ICUs include the following:

- BICU – Burn Intensive Care Unit;
- CSICU – Cardiac Surgery Intensive Care Unit;
- CVICU – Cardiovascular Intensive Care Unit;
- GICU – Geriatric Intensive Care Unit;
- MICU – Medical Intensive Care Unit;
- MSICU – Medical-Surgical Intensive Care Unit;
- NICU – Neonatal Intensive Care Unit;
- PICU – Pediatric Intensive Care Unit;
- PICU – Psychiatric Intensive Care Unit;
- RICU – Respiratory Intensive Care Unit;
- SICU – Surgical Intensive Care Unit;
- STICU – Shock Trauma Intensive Care Unit;
- TICU – Trauma Intensive Care Unit; and
- NICU – Neuroscience/Neurotrauma Intensive Care Unit.

IDN – Integrated Delivery Network

A group of providers that organize with the purpose of providing a coordinated continuum of healthcare 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 healthcare services on a capitated basis.

IGT – Intergovernmental Transfer

An authorized financing mechanism in which states may use revenue from local governments to help fund the state share of allowable Medicaid expenditures.

IHA – Iroquois Healthcare Alliance

One of the regional affiliates of HANYS, representing healthcare providers in 32 counties of Central and Northeastern New York.

IHI – Institute for Healthcare Improvement

A not-for-profit organization, founded in 1991, focused on improving healthcare throughout the world. IHI's 100,000 Lives and 5 Million Lives campaigns engaged U.S. hospitals in a commitment to implement proven changes that improve patient care and prevent avoidable deaths.

IME – Indirect Medical Education

Reimbursement that recognizes the higher costs teaching hospitals incur while training interns and residents. Under the Medicare PPS, 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.

IMS – Indicator Measurement System

A function of TJC providing ongoing performance measurement to accredited and accreditation-seeking organizations.

Indemnity Insurance

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

Individual Mandate

A requirement by law for certain persons to purchase or otherwise obtain a good or service. In healthcare it most often refers to ACA's individual mandate to buy health insurance or face penalties.

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 FFS basis.

Inpatient

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

INS – Infusion Nurses Society

An organization dedicated to advancing the delivery of quality therapy to patients, enhancing the specialty through stringent standards of practice and professional ethics, and promoting research and education in the infusion nursing practice.

Insurance Exchange

ACA established state-based health insurance marketplaces known as “exchanges” where individuals not covered by employer-based or governmental health insurance can buy coverage. NYSOH is New York’s exchange.

Intern

A physician in training in the first year after graduating from medical school. See also: Resident.

Interoperability

The ability of computer systems or software to exchange and make use of information.

IPAB – Independent Payment Advisory Board

A board established by ACA in 2014 to make annual reports recommending actions to constrain healthcare costs and improve quality.

IPA – Individual Practice Association

Physicians organized for the purpose of obtaining and/or administering contracts with healthcare plans. An IPA may or may not be legally separate from the plan with which it contracts. Providers in an IPA are able to treat non-plan patients.

IPF – Inpatient Psychiatric Facility

A freestanding psychiatric hospital or distinct part psychiatric unit of acute care hospitals that provides mental health diagnosis, observation, evaluation, care, treatment, or rehabilitation inside or on the premises of the facility.

IPPS – Inpatient Prospective Payment System

Established by Section 1886(d) of the Social Security Act, IPPS is a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A based on prospectively set rates.

IPRO

New York State’s designated peer review organization, which reviews the hospital care provided to Medicare and Medicaid beneficiaries. Formerly known as Island Peer Review Organization.

IPS – Home Health Interim Payment System

This system was put in place under the Balanced Budget Act of 1997 until a PPS could be implemented. IPS cut per-visit payment rates and established an average beneficiary cost limit for Medicare HHAs.

IQR – Inpatient Quality Reporting

Under the Hospital Inpatient Quality Reporting Program, CMS collects quality data from hospitals paid under IPPS, with the goal of driving quality improvement through measurement and transparency by publicly displaying data to help consumers make more informed decisions about their healthcare. The program also has a P4P component.

IRB – Intern/Resident to Bed Ratio

The ratio of the number of interns/residents to the number of beds in a hospital.

IRF-PAI – Inpatient Rehabilitation Facility–Patient Assessment Instrument

A core set of screening, clinical, and functional status elements that forms the foundation of the comprehensive instrument used for assessing all Medicare-covered inpatient rehabilitation patients, classifying them, and placing them into a per diem payment reimbursement system.

IRF – Inpatient Rehabilitation Facility

A facility that specializes in caring for people recovering from injuries or illnesses that severely impair their physical functioning or understanding. These injuries or illnesses include strokes, spinal cord injuries, traumatic brain injuries, chronic pulmonary problems, or neurological disorders.

ISMP – Institute for Safe Medication Practices

A non-profit organization that works with healthcare practitioners and institutions, regulatory agencies, professional organizations, and the pharmaceutical industry to provide education about ADEs and their prevention.

IV – Intravenous

Administering liquid substances directly into a vein.

J

JCR – Joint Commission Resources

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

K

No items for this section.

L

LAIV – Live Attenuated Influenza Vaccine

LAIV contains attenuated (or weakened) viruses that provide immunity and usually do not cause illness because they have lost their disease-causing properties.

LANE – Local Area Network for Excellence

A coalition of stakeholders at the state level that comes together for the purpose of supporting providers and consumers in achieving the goals of the Advancing Excellence in Nursing Homes campaign, a collaborative campaign to transform the quality of care and quality of life for nursing home residents.

LDL – Low Density Lipoprotein

A molecule that is a combination of lipid (fat) and protein. LDL transports cholesterol from the liver to the tissues of the body and is therefore considered the “bad” cholesterol.

LeadingAge New York

A trade association representing many non-profit and public nursing homes and affiliated long-term healthcare services.

LHCSA – Licensed Home Care Services Agency

Licensed by DOH, these offer home care services to clients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, such as providing home health aide services to a CHHA patient or providing an LPN for a Medicaid prior-approved private duty nursing shift.

Living Will

A statement of a person's preferences for treatment if he or she becomes incompetent or goes into an irreversible coma.

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.

LTCH – Long Term Care Hospital

These furnish extended medical and rehabilitative care to individuals who are clinically complex and have multiple acute or chronic conditions. An LTCH must be certified as an acute care hospital that meets criteria to participate in the Medicare program and has an average inpatient LOS greater than 25 days.

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 employees with disabilities.

LTHHCP – Long-Term Home Health Care Program

A New York State certified program providing skilled nursing services to individuals residing in their homes; also described as the Nursing Home Without Walls program.

LUPA – Low Utilization Payment Adjustment

Under the Medicare Home Health PPS, LUPA is a per-visit payment that is applicable when there are four or fewer visits in an episode.

LV/LVA – Low Volume/Low Volume Adjustment

A Medicare inpatient hospital low-volume payment adjustment that helps small, rural hospitals. Hospitals meeting certain criteria related to discharge volume and distance from other hospitals are eligible for the adjustment.

LVN – Licensed Vocational Nurse

A non-registered nurse who has completed a nursing program and is licensed to provide routine patient care under the direction of an RN or a physician.

LVSD – Left Ventricular Systolic Dysfunction

A condition in which the heart's left ventricle does not effectively pump blood to the organs.

LWDII – Lost Work Day Injury and Illness

The number of injury and illness cases serious enough for workers to lose time or be put on restricted work activities per 100 workers per year.

M

MAC – Medicare Administration Contractor

A contractor selected by CMS to administer claims.

MACRA – Medicare Access and CHIP Reauthorization Act of 2015

MACRA ended the Sustainable Growth Rate formula for Medicare payments to physicians. Physicians can now participate in two new payment alternatives: APMs or MIPS.

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 results in injury, loss, or damage. Also refers to the insurance that covers instances of malpractice.

MA – Medical Assistance

A healthcare program for the medically indigent, authorized by Title XIX of the Social Security Act, known as Medicaid.

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.

Marketbasket

This Medicare update calculation is intended to reflect the average change in the price of goods and services hospitals purchase to furnish patient care.

MAR – Medication Administration Record

The report that serves as a legal record of the drugs administered to a patient at a facility by a nurse or other healthcare professional.

MATS – Managed Addiction Treatment Services

A Medicaid reform initiative created by the New York State Office of Alcohol and Substance Abuse Services with partnerships with localities throughout the state. Its goal, via case management, is to assure access to and enhance the cost-effectiveness of needed treatment, rehabilitation, and other social services to voluntarily participating individuals.

MCC – Major Complication or Comorbidity

Diagnosis code(s) used by Medicare to assign individual cases to MS-DRGs based on severity of illness.

MCO – Managed Care Organization

Any organization or healthcare plan that takes a managed care approach to the delivery of services.

MD-VIPER – Medical Device Vulnerability Intelligence Program for Evaluation and Response

A program created in partnership with NH-ISAC and MDISS, MD-VIPER seeks to create an open community of medical device cybersecurity stakeholders to foster situational awareness of medical device threats, best practices, and mitigation strategies.

MDCs – Major Diagnostic Categories

A grouping of diagnostic related groups pertaining to major body areas or groups of diagnoses, e.g., musculoskeletal systems, mental health, etc.

MD – Doctor of Medicine

One duly licensed to practice medicine.

MDH – Medicare Dependent Hospital

Small rural hospitals for which Medicare patients comprise a significant percentage of their patients and, hence, their revenues. They are considered more financially vulnerable under prospective payment than hospitals that are reimbursed for patient care through a mix of private and public insurance.

MDISS – Medical Device Innovation, Safety & Security Consortium

A non-profit public health and patient safety organization focused on medical device cybersecurity.

MDS – Minimum Data Set

A core set of screening, clinical, and functional status elements that forms the foundation of the comprehensive assessment instrument used for all residents in Medicare/Medicaid-certified nursing facilities.

Meaningful Use

A requirement of the Medicare EHR Incentive Program in which eligible providers must demonstrate increasing meaningful use of certified EHR technology in order to receive temporary Medicare and Medicaid incentive payments.

Medicaid

A joint federal and state healthcare 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.

Medical Home

A model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team, which also may include roles for NPs or PAs, is responsible for providing all the patient's healthcare and, when needed, arranges for appropriate care with other qualified physicians.

Medicare

A federally-sponsored health insurance program for those aged 65 and over, and 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.

Medicare Cost Contract

A managed care arrangement between an HMO and the federal government where the government pays reasonable costs to the provider for Medicare recipients who receive services through that HMO. The HMO receives an interim capitated payment that is adjusted at the end of the contract period based on the HMO's actual expenses and CMS' determination of reasonable costs.

Medicare Cost Report

CMS requires healthcare providers to file a cost report on an annual basis to properly determine the amounts payable under the Medicare program. The cost report summarizes the provider's financial records and statistical data.

Medicare EHR Incentive Program

Established in 2011 by CMS, the Medicare EHR Incentive Program provides eligible providers incentive payments for adopting, implementing, upgrading, and demonstrating meaningful use of certified EHR technology.

Medicare Risk Contract

An arrangement where the federal government pays an HMO a fixed, capitated amount for Medicare recipients enrolled through that HMO. The enrolled Medicare beneficiaries pay allowable cost sharing to the HMO and must obtain services through the chosen HMO for the duration of the contract period. The HMO is at risk for expenditures in excess of the federal and beneficiary payment.

Medigap – Medicare Supplemental Insurance

Private insurance policies that pay some or all of Medicare's deductibles and copayments.

MedPAC – Medicare Payment Advisory Commission

A panel that reviews and makes annual recommendations to Congress on Medicare FFS and managed care payment policies.

MedPAR – Medicare Provider Analysis and Review

A Medicare billing file, including diagnostic information for a 20% sample of patients, used to determine service intensity weights for calculating a CMI.

MEIPASS – Medicaid EHR Incentive Payment Administrative Support Service

New York's online tool that providers utilize to make attestations on achieving levels of EHR meaningful use. These attestations are a key part of the process of receiving payments through the Medicare and Medicaid EHR Incentive Programs.

Member Months

The total members in a healthcare plan multiplied by the number of months of coverage, or the sum of the number of members for each month. This number is generally used by managed care plans and providers as part of their per-member-per-month expense and revenue calculations, and is used to calculate various utilization measures.

Members

The total number of covered participants, including dependents, in a healthcare plan at a given point in time. The average number of members in a given year is calculated as member months divided by 12.

MGCRB – Medicare Geographic Classification Review Board

A federal entity that reviews requests and issues decisions concerning the geographic reclassification of hospitals for purposes of payment under Medicare PPS.

MHPAEA – Mental Health Parity and Addiction Equity Act

This federal law enacted in 2008 generally prevents group health plans and health insurance issuers that provide mental health or SUD benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

MIC – Medicaid Integrity Contractor

The Medicaid Integrity Program was created in 2006 by the Deficit Reduction Act as a comprehensive federal strategy to prevent and reduce provider fraud, waste, and abuse. Audit Medicaid Integrity Contractors are entities with which CMS has contracted to conduct post-payment audits of Medicaid providers to identify overpayments and decrease the payment of inappropriate Medicaid claims. Any Medicaid provider may be audited, including FFS providers, institutional and non-institutional, as well as managed care entities.

MICA – Mentally Ill Chemical Abuser

An adult who has both a mental illness and a substance abuse disorder. MICA is also a program funded by OMH that provides services to this population.

MIP – Managed Indemnity Plan

A type of health plan where the insurer (or its agent) uses a significant number of utilization controls to manage the practices of providers it reimburses.

MIPPA – Medicare Improvements for Patients and Providers Act of 2008

A narrow Medicare bill that staved off a scheduled Medicare payment cut to physicians by reducing payments to Medicare Advantage plans. The bill also enhanced payments to rural providers and provided a limited number of positive provider and beneficiary provisions.

MIPS – Merit-based Incentive Payment System

One of the Medicare physician payment models established by MACRA in 2015.

MLR – Medical Loss Ratio

The fraction of premium dollars that a health insurer spends to pay for medical services for enrollees.

MLTC – Managed Long-Term Care

A type of care that provides or arranges for health and long-term care services on a capitated basis. Also refers to the State of New York’s MLTC program.

MMA – Medicare Prescription Drug, Improvement, and Modernization Act of 2003

Also known as the Medicare Modernization Act, this legislation established a Medicare prescription drug benefit, included healthcare provider payment improvements, and authorized changes that give managed care a larger role in the Medicare program.

MMIS – Medicaid Management Information System

New York State’s computerized claims, processing, and payment system for Medicaid.

MMSEA – Medicare, Medicaid, and SCHIP Extension Act of 2007

This legislation reauthorized the State Children’s Health Insurance Program (SCHIP). The bill also staved off a scheduled Medicare payment cut to physicians, enhanced payments to rural providers, and provided a limited number of positive provider and beneficiary provisions.

MMT – Methadone Maintenance Treatment

A treatment to reduce and even eliminate heroin use among addicts by stabilizing them on methadone for as long as is necessary to help them avoid returning to previous patterns of drug use.

MMWR – Morbidity and Mortality Weekly Report

A series of reports on disease and healthcare issues published weekly by CDC.

MOLST – Medical Orders for Life-Sustaining Treatment

To enable physicians and other healthcare providers to discuss and convey a patient’s wishes regarding CPR and life-sustaining treatment, DOH approved the MOLST physician order form as the legal equivalent of an inpatient DNR form.

MOMS – Medicaid Obstetrical and Maternal Services Program

This New York State program provides pregnancy services to women and teens who meet certain income guidelines, in areas of the state where PCAP health centers are not located. Medical services are provided in private physicians’ offices.

MOON – Medicare Outpatient Observation Notice

A standardized notice to inform Medicare beneficiaries (including health plan enrollees) that they are outpatients receiving observation services and are not inpatients of a hospital or CAH.

MOU – Memorandum of Understanding

An agreement between various bodies identifying the respective responsibilities of each party for various activities and costs.

MPFS – Medicare Physician Fee Schedule

CMS uses MPFS to reimburse physician services. MPFS became effective January 1, 1992, and replaced the old “customary, prevailing, and reasonable” (CPR) charge system.

MPH – Master of Public Health

A professional master’s degree awarded for studies in areas related to public health. The degree focuses on public health practice, as opposed to research or teaching.

MQSA – Mammogram Quality Standards Act of 1992

This federal law imposed standards for mammography personnel, equipment, recordkeeping, and facility inspections.

MRI – Magnetic Resonance Imaging

A non-invasive technique for examining cross-sectional images of the body.

MRSA – Methicillin-Resistant *Staphylococcus Aureus*

Staphylococcus aureus are bacteria that normally live on people’s skin, but can also cause a urinary tract infection, pneumonia, and toxic shock syndrome. MRSA is a strain of *Staphylococcus aureus* that is resistant to a large number of antibiotics, making it difficult to treat.

MRT – Medicaid Redesign Team

A team established by New York Governor Andrew Cuomo in early 2011 to find ways to reduce Medicaid costs and improve outcomes. MRT recommendations were implemented and resulted in a Medicaid waiver to re-invest \$8 billion in savings back into the health system to transform Medicaid care delivery and reimbursement.

MS-DRG – Medicare Severity Diagnosis Related Group

A Medicare classification for patients with diagnoses designated as major complications and comorbidities.

MSA – Medical Savings Account

A savings plan whereby pre-tax dollars can be used for healthcare expenses, providing an incentive for reduced use of healthcare services.

MSA – Metropolitan Statistical Area

An urban area specified by the U.S. Census Bureau containing a central city with a population of more than 50,000 people and including adjoining suburban areas.

MSB – Management Service Bureau

A wholly-owned subsidiary of a health system created to provide an a la carte menu of practice management services to physicians at fair market value.

MSSNY – Medical Society of the State of New York

A trade association representing licensed physicians in New York State.

MUA – Medically Under-Served Area

A county or a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts identified by HRSA as having a shortage of personal health services.

MUGA – Multigated Radionuclide Angiography

Also known as equilibrium gated radionuclide angiography or radionuclide ventriculography, MUGA is a radioisotope test used to measure heart function and performance.

N

NAB/NCERS – National Association of Boards of Examiners of Long Term Care Administrators/National Continuing Education Review Service

NAB is a national association serving jurisdictions that license, credential, and regulate LTC administrators. NAB operates the NCERS to provide a standard and uniform method of evaluating the continuing education activities required for maintenance of LTC administrator licenses.

NABCO – National Alliance of Breast Cancer Organizations

A non-profit information and education resource on breast cancer in the U.S., founded in 1986 and based in New York City.

NACHRI – National Association of Children’s Hospitals and Related Institutions

A national organization composed of children’s hospitals and related institutions whose programs are clinical, as opposed to social or custodial.

NAHC – National Association of Home Care

The national trade association of home health agencies and hospices.

NAM – National Academy of Medicine

An organization that provides unbiased, evidence-based, and authoritative information and advice concerning biomedical science, medicine, health, and policy to policymakers, professionals, leaders in every sector of society, and the public at large, as part of the National Academies of Sciences, Engineering, and Medicine. Formerly called the Institute of Medicine (IOM).

NBCCEDP – National Breast and Cervical Cancer Early Detection Program

Operated by CDC since its inception in 1990, it provides screening services, including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to under-served women, and also funds post-screening diagnostic services.

NCCN – National Comprehensive Cancer Network

Established in 1995 to enhance the leadership role of member institutions in the evolving managed care environment, NCCN is a not-for-profit corporation that is an alliance of the world’s leading cancer centers.

NCCS – National Coalition for Cancer Survivorship

A national advocacy organization working on behalf of cancer survivors and others affected by the disease.

NCHS – National Center for Health Statistics

A research center within the U.S. Public Health Service.

NCI – National Cancer Institute

An agency of NIH that seeks to expand existing scientific knowledge on cancer cause and prevention as well as on the diagnosis, treatment, and rehabilitation of cancer patients.

NCLEX-RN – National Council Licensure Examination–Registered Nurse

A test of nursing competence. Passing the exam is required of candidates for licensure as an RN by all U.S. state and territorial boards of nursing. The NCLEX-RN and NCLEX-Practical Nurse examinations are developed and owned by the National Council of State Boards of Nursing, Inc.

NCQA – National Committee for Quality Assurance

A national organization that accredits quality assurance programs in prepaid managed healthcare 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.

Near Miss

Potential adverse events or incidents that were stopped before affecting a patient.

NEC – Not Elsewhere Classifiable

An abbreviation used in an ICD-10-CM code description that indicates that a more specific category is not provided in the tabular list of codes and no amount of additional information will alter the code.

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 healthcare 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.

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.

New York State Department of Family Assistance

Formerly called the Department of Social Services, this agency is responsible for supervising a range of programs that provide cash assistance and support to eligible children, families, and adults.

NGS – National Government Services

The contractor that processes Medicare claims for New York State.

NH-ISAC – National Health Information Sharing and Analysis Center

A healthcare information sharing and analysis center, offering non-profit and for-profit healthcare stakeholders a community and forum for sharing cyber and physical security threat indicators, best practices, and mitigation strategies.

NHQC – Niagara Health Quality Coalition

A coalition of businesses, consumer education groups, and health plans that releases quality report cards on hospitals in New York State.

NHQI – Nursing Home Quality Initiative

A CMS initiative that provides nursing homes with information, education, and technical assistance for quality improvement and that publicly reports quality measures in several nursing home care delivery areas.

NHSN – National Healthcare Safety Network

A secure, internet-based surveillance system that integrates and expands legacy patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion at the CDC.

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: 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.

NIMRS – New York State Incident Management and Reporting System

A secure, web-based quality management tool used by OMH providers to report incidents and restraints in accordance with Part 524 of NYCRR.

NIOSH – National Institute for Occupational Safety and Health

The federal agency that develops and establishes recommendations for occupational health and safety standards.

NLRB – National Labor Relations Board

An independent federal agency overseeing labor relations laws, including employer and employee rights, unionization, and the prevention and remedy of unfair labor practices.

NMR – Nuclear Magnetic Resonance

A non-invasive technique for examining cross-sectional images of the body and measuring tissue biochemistry.

NNYHA – Northern New York Healthcare Association

One of the regional affiliates of HANYS, made up of healthcare facilities in the northernmost part of the state.

NORC – Naturally Occurring Retirement Community

A demographic term used to describe neighborhoods where at least 40% of the residents are older than age 60. NORCs are not planned retirement communities; they are neighborhoods or apartment buildings where large numbers of residents have decided to remain for years and “age in place.”

NorMet – Northern Metropolitan Hospital Association

A not-for-profit association, allied with HANYS, representing healthcare facilities in the mid-Hudson Valley area. Together with NSHC, NorMet founded the Suburban Hospital Alliance in 2006.

NOS – Not Otherwise Specified

An abbreviation used in an ICD-10-CM code description, indicating that there is a lack of sufficient detail in the statement of the diagnosis or procedure for its assignment to a more specific subdivision.

NPDB – National Practitioner Data Bank

A central registry that hospitals must contact to verify the credentials and malpractice history of licensed practitioners applying for privileges at their facilities. Hospitals must inform NPDB if disciplinary measures are taken against individuals on their staffs. HIPDB became part of NPDB in 2013.

NPI – National Provider Identifier

A HIPAA administrative simplification standard, NPI is a unique, ten-digit identification number for covered healthcare providers.

NP – Nurse Practitioner

An RN who is qualified through advanced training to assume some of the duties and responsibilities formerly assumed only by a physician.

NPO – *Nihil Per Os*

This Latin term meaning “nothing by mouth” is a directive a physician gives a patient to refrain from eating, commonly during a fasting period before surgery.

NQF – National Quality Forum

A not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting.

NSC – National Safety Council

A national non-governmental organization composed of individuals interested in promoting accident reduction by gathering and distributing information to the public about the causes of accidents and ways to prevent them.

NSHC – Nassau-Suffolk Hospital Council

An affiliate of HANYS, NSHC is a not-for-profit association that provides advocacy, representation, and education to hospitals and healthcare facilities on Long Island. Together with NorMet, NSHC founded the Suburban Hospital Alliance in 2006.

NYCDOHMH – New York City Department of Health and Mental Hygiene

With an annual budget of \$1.6 billion and more than 6,000 employees throughout the five boroughs, NYCDOHMH is one of the largest public health agencies in the world, serving 8 million New Yorkers from diverse ethnic, cultural, and economic backgrounds.

NYCRR – New York Codes, Rules, and Regulations

The official compilation of state codes, rules, and regulations.

NYeC – New York eHealth Collaborative

A public-private partnership founded by healthcare leaders, with leadership and support from DOH, to serve as a focal point for healthcare stakeholders to build consensus on state HIT policy priorities, and collaborate on state and regional HIT implementation efforts.

NYHIMA – New York Health Information Management Association

An association of health information professionals who manage medical records.

NYONEL – New York Organization of Nurse Executive Leaders

A professional organization providing support and development for nurses who design, facilitate, influence, and manage healthcare systems in New York State.

NYPORTS – New York Patient Occurrence Reporting and Tracking System

New York hospitals report adverse patient events to NYPORTS, which is operated by DOH. Implemented in 1998, NYPORTS does not risk-adjust data by patient severity, but is designed to help hospitals improve quality of care by sharing information and using the information to look at ways to improve care.

NYS-CARES

A program seeking to eliminate the waiting list for out-of-home placements for people with developmental disabilities by making residential services available and adding more opportunities and choices.

NYSACHO – New York State Association of County Health Officials

A statewide association representing each of the 58 local health departments in New York. The membership includes health commissioners, public health directors, deputy commissioners, environmental health directors, and directors of patient services.

NYSCHP – New York State Community Health Partnership

A collaboration of public and private sector groups to improve the health and well-being of New York's communities.

NYSHFA – New York State Health Facilities Association

A trade association primarily composed of investor-owned LTC facilities in New York State.

NYSHF – New York State Health Foundation

A private, statewide foundation that aims to improve New York's healthcare system by expanding health insurance coverage, containing healthcare costs, increasing access to high-quality services, and addressing public and community health.

NYSNA – New York State Nurses Association

A membership organization of registered, professional nurses that also serves as a collective bargaining unit.

NYSOH – New York State of Health

New York State's insurance exchange marketplace, established in 2013 pursuant to ACA.

NYSPPF – New York State Partnership for Patients

A joint initiative of HANYS and GNYHA, which were awarded a contract to become New York State’s Hospital Engagement Network by CMS under the national Partnership for Patients program—an initiative to reduce hospital-acquired complications by 40% and preventable readmissions by 20%.

NYSPPH – New York State Public Health Association

An organization functioning to initiate, endorse, and support legislation and regulatory changes that promote health concepts and concerns.

O

OASAS – Office of Alcoholism and Substance Abuse Services

A New York State agency with oversight of the state’s alcohol and substance abuse services system. The public and private service systems provide a continuum of care from medical detoxification to long-term residential settings for those individuals who have chemical dependency disorders.

OASIS – Outcome and Assessment Information Set

A tool for home health agencies to measure individual patient outcomes and to identify opportunities to improve performance and patient satisfaction. It is used in mandatory reporting to CMS.

OAT – Office for Advancement of Telehealth

A federal office within HRSA created to serve as a catalyst for the wider adoption of advanced technologies in providing healthcare services and education. OAT offers a grant program to develop telehealth.

OB-GYN – Obstetrics and Gynecology

A medical specialty encompassing women’s reproductive health and pregnancy.

OBQI – Outcome-Based Quality Improvement

An approach to quality improvement in healthcare based on patient outcomes.

Occupational Mix

Every three years, CMS collects data on the occupational mix of hospital employees. These occupational mix data are one of the factors used to determine the wage index values for short-term, acute care hospitals paid under IPPS.

OCE – Outpatient Code Editor

A software package that identifies data inconsistencies on outpatient claims and examines the type of patient and the procedures performed to determine if the services are covered by Medicare and if the diagnostic and procedural information on the claim is clinically reasonable and may be paid.

OCR – Office of Civil Rights

A federal agency responsible for enforcing civil rights laws which prohibit discrimination on the basis of race, national origin, religion, sex, or disability in the areas of voting, education, housing, employment, credit, the use of public accommodations, and in the administration of federally-assisted programs.

ODBC – Open Database Connectivity

A standard that enables any computer application to communicate with any database.

OHS – Office of Homeland Security

Federal agency established in 2001 whose mission is to develop and coordinate the implementation of a comprehensive national strategy to secure the United States from terrorist threats or attacks.

OIG – Office of Inspector General

Part of HHS, the Office of Inspector General's mission is to protect the integrity of HHS programs as well as the health and welfare of program beneficiaries. OIG's activities include fighting waste, fraud, and abuse in Medicare, Medicaid, and more than 300 other HHS programs.

Olmstead Decision

Olmstead v. L.C. is a 1999 U.S. Supreme Court decision that requires states to provide community services to allow patients with disabilities to live in a minimally restrictive environment.

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.

OMH – Office of Mental Health

An autonomous office within the New York State Department of Mental Hygiene responsible for the operation of state-run mental health services and the regulation of services for individuals with mental impairments provided through community services and hospitals.

OMIG – Office of the Medicaid Inspector General

The New York State Office of the Medicaid Inspector General was established by statute as an independent entity within DOH to improve and preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste, and abuse control activities for all state agencies responsible for services funded by Medicaid.

ONC – Office of the National Coordinator for Health Information Technology

This office was established in 2003 to accelerate nationwide implementation of HIT.

OPD – Outpatient Department

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

Open Panel HMO

An HMO in which any licensed physician in an area is eligible to join the HMO.

OPH – Office of Public Health

A division of DOH, it is responsible for all traditional public health activities including research, disease prevention and control, environmental health, and coordination of local public health activities.

Opioid

A potentially addictive substance that acts on opioid receptors to produce morphine-like effects. In a medical setting, opioids are primarily used for pain relief, including anesthesia. An epidemic of opioid misuse prompted the declaration of a national public health emergency in October 2017.

Opioid Addiction Prevention and Management Collaborative

HANYS' statewide collaborative to help members prevent opioid addiction and manage the care of patients in crisis, launched in 2017.

OPMC – Office of Professional Medical Conduct

A division of DOH charged with conducting investigations of alleged misconduct by physicians.

OPO – Organ Procurement Organization

An organization that keeps records of people needing organ transplants and donor organs available, and matches the two.

OPPS – Outpatient Prospective Payment System

Authorized by the federal Balanced Budget Act of 1997, CMS created the Medicare OPSS for hospital outpatient services.

OPRA – Ordering/Prescribing/Referring/Attending

A New York State Medicaid classification of ordering, prescribing, referring, and attending physicians.

OPWDD – Office for People with Developmental Disabilities

An autonomous office within the New York State Department of Mental Hygiene responsible for the development of comprehensive plans, programs, and services in the areas of research, prevention and care, treatment, rehabilitation, education, and training of people with intellectual and developmental disabilities.

OQR – Outpatient Quality Reporting

The Hospital Outpatient Quality Reporting Program is a pay-for-quality data reporting program implemented by CMS for outpatient hospital services.

ORHP – Office of Rural Health Policy

Established by HRSA in 1987, ORHP promotes better healthcare service in rural America.

OR – Operating Room

Hospital suite in which surgery requiring anesthesia is performed.

ORYX

A part of the TJC accreditation process that hospitals can use for selecting vendors who must meet certain criteria, including: performance measure characteristics, data collection and receipt, data quality, risk adjustment, and technical reporting requirements.

OSHA – Occupational Safety and Health Administration

A division of the federal DOL, established by legislation, to promulgate and enforce workplace safety and health standards.

Out-of-Network

Services received from a provider who does not participate with the enrollee's health plan.

Out-of-Pocket Costs

The portion of healthcare costs that are required to be paid by the enrollee (e.g., copayments, deductibles, coinsurance).

Outcomes

Measures of medical care quality in which the standard of judgment is the attainment of a specified result or outcome.

Outlier

A term that describes a patient whose hospital stay is unusually long or whose costs for hospital care are unusually high compared to other patients with the same diagnosis or condition. Under Medicare, additional payments are made for outliers meeting certain conditions.

P

P4P – Pay for Performance

A financial incentive program that pays healthcare providers based on performance in quality and efficiency measures.

PAC-PRD – Post-Acute Care Payment Reform Demonstration

The Deficit Reduction Act of 2005 established this demonstration to test a standardized patient assessment tool for use both by acute care hospitals at discharge and by post-acute settings at both admission and discharge. The project includes a post-acute care payment reform demonstration to examine differences in costs and outcomes for post-acute care patients of similar case mix who use different types of post-acute care providers.

PAGE – Program of All-inclusive Care for the Elderly

A comprehensive federal program providing both medical and supportive care tailored to the specific, changing needs of the frail elderly.

PACeR – Partnership to Accelerate Clinical electronic Research

A HANYS-led collaborative of leading medical research centers, pharmaceutical companies, and HIT organizations. PACeR aims to improve timeliness and reduce costs of clinical studies by enhancing the availability and accuracy of data collection.

PAC – Products of Ambulatory Care

Selective Medicaid reimbursement program for outpatient clinical services.

Palliative Care

Medical care focused on the relief of suffering and specialized support for the best possible quality of life for patients with serious illness and their families. It is provided simultaneously with all other appropriate medical treatment, including life-prolonging or curative care. A key benefit of palliative care is that it customizes treatment to meet the needs of each individual patient and may be provided at any time throughout the course of a patient's illness.

PA – Physician's Assistant

A person certified to provide basic medical services, usually under the supervision of a licensed physician.

Pandion Optimization Alliance

A healthcare association, allied with HANYS, that represents healthcare facilities in the Rochester area. Formerly known as Seagate Alliance LLC, RRHA Joint Ventures Corporation, Rochester Regional Healthcare Association, and Rochester Regional Healthcare Advocates.

Part 405

A term that commonly refers to the Code of Federal Regulations Title 42, Part 405, which includes Medicare regulations for continuing care, dialysis, and other specified providers.

Part 86

A term that commonly refers to the administrative rules and regulations of the State Commissioner of Health that relate to healthcare provider reimbursement.

Participating Provider

A provider who contracts with a healthcare plan to offer certain services to all or some of the plan's members. Payment may be predetermined or FFS.

PASARR – Pre-Admission Screening and Annual Resident Review

A federally-mandated screening of all individuals suspected of having mental or intellectual disabilities seeking admission to a nursing home.

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 healthcare coverage expenses.

PBD – Provider-Based Department

A hospital outpatient department that is located more than 250 yards from the main or remote location of a hospital.

PBJ – Payroll-Based Journal

CMS developed PBJ to enable nursing homes to electronically submit direct care staffing information based on payroll and other auditable data, as required by ACA.

PBM – Pharmacy Benefit Management

A TPA for prescription drug programs.

PCA – Personal Care Assistant

A person who assists in caring for patients in hospitals, nursing homes, clinics, and institutions for older adults or people with disabilities. Tasks include assisting nursing staff to lift and turn bedridden patients and helping patients with ADLs.

PCAP – Prenatal Care Assistance Program

The New York State program provides pregnancy care and other healthcare services to women and teens who meet certain income guidelines. The MOMS Program provides pregnancy services in areas of the state where PCAP health centers are not located.

PCI – Percutaneous Coronary Intervention

Also called angioplasty, PCI encompasses a variety of procedures used to treat patients with diseased arteries of the heart. Typically, PCI is performed by threading a slender balloon-tipped catheter to a trouble spot in an artery of the heart. The balloon is then inflated, compressing the plaque and widening the narrowed coronary artery so that blood can flow more easily.

PCMH – Patient-Centered Medical Home

Also known as a medical home, PCMH is an approach to providing comprehensive primary care that facilitates partnerships between patients and their personal providers and, when appropriate, the patient's family. The provision of medical homes may allow better access to healthcare, increase satisfaction with care, and improve health. See also: Health Home.

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.

PCP – Primary Care Physician

A doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions.

PCR – Polymerase Chain Reaction

A common method of creating copies of specific fragments of DNA. It is used to test newborns for HIV.

PCTA – Percutaneous Transluminal Angioplasty

Angioplasty is the inflation of a small balloon within the coronary artery to alleviate buildups that restrict normal blood flow. Percutaneous means access to the blood vessel is made through the skin, and transluminal means the procedure is performed within the blood vessel.

PDSA – Plan-Do-Study-Act

A quality improvement methodology based on breaking down change into manageable chunks by testing change on a micro level and analyzing the results to validate improvement before implementing across the organization.

Peer Review

The evaluation of quality of total healthcare provided by medical staff with equivalent training.

PEL – Permissible Exposure Limits

Allowable levels of toxic and hazardous chemicals in the environment.

PE – Pulmonary Embolism

A blockage that occurs when clots break off from vein walls and travel through the heart to the pulmonary arteries.

Per Diem Cost

The amount of cost for each day of service in a hospital or healthcare facility.

PERB – Public Employee Relations Board

A state entity that mediates labor disputes between public employees and public employers.

PERS – Personal Emergency Response System

An emergency response communication device used in the home so that help can be summoned in case of emergency.

PET – Positron Emission Tomography

PET imaging shows the chemical functioning of organs and tissues and is particularly useful for the detection of cancer, CAD, and brain disease.

PHHPC – Public Health and Health Planning Council

PHHPC's functions include approving regulations related to reimbursement, health codes, and major equipment; adopting and amending rules and regulations in accordance with the appropriate provisions of the Public Health Law; and providing for approvals, revocations, limitations, or annulment of new healthcare facilities. It also makes decisions on CON applications. The State of New York established PHHPC in 2010 by merging the functions of the Public Health Council and the State Hospital Review and Planning Council.

PHIP – Population Health Improvement Program

Established in 2015, DOH's Population Health Improvement Program is designed to promote the Triple Aim of better care, better population health, and lower healthcare costs. DOH selected 11 PHIP contractors to work regionally across the state, convening stakeholders and establishing neutral forums to support strategic planning to promote population health and reduce healthcare disparities in their respective regions.

PHI – Protected Health Information

Any information about health status, provision of healthcare, or payment for healthcare 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.

PHL – Public Health Law

The sections of New York State's laws that cover healthcare.

PHO – Physician Hospital Organization

An alliance of physicians and hospitals organized to provide services on a contractual basis to employer groups and insurers. The PHO serves as a negotiating, contracting, and marketing unit.

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.

PHSP – Prepaid Health Service Plan

An entity that receives a special purpose certificate of authority under Section 4403-a of the New York Public Health Law to operate an HMO primarily comprised of Medicaid enrollees. PHSPs must adhere to most of the certification and regulatory requirements applied to commercial HMOs, although the Commissioner of Health is given the authority to waive certain requirements.

PHS – Public Health Service

Part of HHS, it promotes the protection and advancement of health, establishes national health policy, maintains cooperative international health-related agreements and programs, administers programs to develop health resources and improve delivery of health services, works to prevent and control communicable diseases, provides scientific information, and develops education for health professions.

PIA – Personal Incidental Allowance

Income allowance for the incidental needs of an institutionalized resident.

PICC – Peripherally Inserted Central Catheter

A form of intravenous access that can be used for a prolonged period, e.g., for long chemotherapy regimens, extended antibiotic therapy, or total parenteral nutrition. A PICC is inserted in a peripheral vein and then advanced through larger veins until the tip rests near the heart.

PI – Performance Improvement

In healthcare, PI refers to the use of concurrent systems to improve quality.

PIP – Periodic Interim Payment

A federal program that refers to the equal payments on a regular basis from an intermediary for the cost of treating eligible patients for the purpose of smoothing out cash flow (generally not available to larger facilities but available to rural facilities that are under 100 beds).

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.

PM&R – Physical Medicine and Rehabilitation

Medical treatment focused on restoring function to patients with acute and chronic pain and musculoskeletal problems; people who have experienced catastrophic events resulting in paraplegia, quadriplegia, or TBI; and individuals who have had strokes, orthopedic injuries, or neurological disorders.

PMPM – Per Member Per Month

The ratio of healthcare service or cost divided into the number of members in a particular capitated group on a monthly basis.

POA – Power of Attorney

A healthcare power of attorney is a document that allows a person to appoint someone to make healthcare decisions if the person becomes incapacitated.

POA – Present on Admission

A condition that was present when the patient was admitted to a hospital.

POD – Point of Distribution

A term used to describe the local sites within New York where antibiotics, vaccines, and other medical supplies could be quickly distributed in the event of a public health emergency.

POE – Point of Entry

An access point where consumers enter the healthcare system.

Population Health

Population health is the health status within a population and the factors, policies, and interventions that influence this status. Population health management is an approach to managing healthcare through education, behavioral interventions, care coordination, and the evidence-based use of healthcare resources. It places greater emphasis on preventive care and maintaining good health, rather than treating illness, and can be targeted at specific diseases or at improving the overall health of a community.

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 healthcare plan is chosen.

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.

PPE – Personal Protective Equipment

Creates a barrier to protect an individual from exposure to toxins, biological organisms, or hazardous materials.

PPNO – Potentially Preventable Negative Outcomes

New York State identifies a list of potentially preventable negative outcomes and penalizes hospitals that fail to prevent them by imposing a Medicaid reimbursement adjustment.

PPN – Peripheral Parenteral Nutrition

A solution containing nutrients is injected into a vein to supplement other means of nutrition, usually a partially normal diet of food. See also: TPN.

PPO – Preferred Provider Organization

A payment arrangement in which employers or insurers contract with hospitals or physicians on a negotiated FFS basis to provide healthcare services. Subscribers can select any provider for care, but they are given economic or other incentives to use designated hospitals or physicians.

PPR – Potentially Preventable Readmission

New York State uses a Medicaid reimbursement adjustment to penalize hospitals that fail to prevent what the state considers potentially preventable patient readmissions to the hospital.

PPS – Performing Provider System

Under New York State's five-year, \$8 billion Medicaid waiver, safety net providers and other organizations form PPSs to coordinate care for Medicaid beneficiaries in a region, with a goal of reducing avoidable hospitalizations. Terms and conditions of the waiver were finalized in April 2014.

PPS – Prospective Payment System

A Medicare payment method, whereby reimbursement for a forthcoming period is determined in advance of that period based on cost, trend factors, etc.

Practice Advancement Strategies

A subsidiary of HANYS Solutions, Practice Advancement Strategies delivers the solutions needed to help clients redesign their systems and move toward a value-based model of care. Practice Advancement Strategies has expertise in the PCMH model, physician engagement, and information technology.

Premium

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

Prevention Agenda

The Prevention Agenda 2013-2017 is New York State's blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic, and other groups who experience them.

Primary Care

The care provided by family physicians, internists, obstetricians/gynecologists, and pediatricians.

PRI – Patient Review Instrument

An assessment tool used to classify each nursing facility resident into a patient classification system for reimbursement purposes.

PRM – Provider Reimbursement Manual

A CMS publication that informs providers of how costs for services are to be reported to that agency.

PRO – Peer Review Organization

An organization that is 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, HHA, or other individual or organization that delivers healthcare services to patients.

PRRB – Provider Reimbursement Review Board

A body appointed by the federal Secretary of Health and Human Services to provide an appeals mechanism for healthcare providers to whom Medicare fiscal intermediaries deny reimbursement for services under Medicare.

PS&R – Provider Statistical and Reimbursement Report

A report of changes, statistics, and payments to a provider for Medicare services rendered to beneficiaries.

PSA – Prostate-Specific Antigen

PSA is a protein produced by the cells of the prostate gland. When the prostate gland enlarges due to cancer or non-cancerous growth, PSA levels in the blood tend to rise. The PSA test measures the level of PSA in the blood.

PSI – Patient Safety Indicator

A set of indicators developed by AHRQ providing information on potential for hospital complications and adverse events following surgeries, procedures, and childbirth. The PSIs were developed after a comprehensive literature review, analysis of ICD, review by a clinician panel, implementation of risk adjustment, and empirical analyses.

PSN – Provider Sponsored Network

Formal affiliation of healthcare providers offering a full range of healthcare services with strong roots in the community.

PSYCKES – Psychiatric Services and Clinical Knowledge Enhancement System

A HIPAA-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State Medicaid population.

PTCA – Percutaneous Transluminal Coronary Angioplasty

The use of artery balloon dilation or angioplasty to clear clogged arteries.

PT – Physical Therapist

A licensed healthcare professional who can help patients reduce pain and improve or restore mobility.

PUD – Peptic Ulcer Disease

The condition of having open sores in the lining of the stomach or intestine.

PUSH – Pressure Ulcer Scale for Healing

A tool developed by the National Pressure Ulcer Advisory Panel to monitor the change in pressure ulcer status over time.

Q

QAPI – Quality Assurance and Performance Improvement

A CMS program for nursing homes that takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality.

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.

QE – Qualified Entity

One of eight hubs located in New York state that store and share a region's electronic health information collected from participating providers. See also: SHIN-NY

QIES – Quality Improvement and Evaluation System

CMS' system for survey and certification of home care providers.

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.

QM – Quality Management

The aspect of the overall management function that determines and implements the quality policy.

R

RAC – Recovery Audit Contractor

Medicare RACs search for improper Medicare payments to healthcare providers that are not detected through existing program integrity efforts.

RAI – Resident Assessment Instrument

A tool to help nursing homes identify residents' needs and strengths and develop an appropriate care plan.

RAP – Resident Assessment Protocol

Problem-oriented guides for nursing home care planning that include trigger conditions to signal the need for additional assessment and review.

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.

RCA – Root Cause Analysis

A structured method used to analyze SAEs. Initially developed to analyze industrial accidents, RCA is now widely deployed as an error analysis tool in healthcare.

RCCAC – Ratio of Charges to Charges Applied to Costs

A method of allocating a provider's cost to payers or programs based on consumption of resources by each payer's beneficiaries.

RCC – Reasonable and Customary Charge

A charge for healthcare that is consistent with the prevailing rate or charge in a certain geographical area for identical or similar services.

RCF – Residential Care Facility

A licensed facility that provides room and board in a protective environment, offering a program planned to meet the residents' nutritional and social needs without the direct provision of health services.

RDC – Remote Data Capture

Technology that permits healthcare staff at various sites to enter patient-level data into a database via the Internet. These data can be accessed by management in real time. RDC systems can also be used to notify the sites of discrepant data and provide tools for data correction online at the POE.

RDS – Respiratory Distress Syndrome

A disease, especially in premature infants, characterized by distressed breathing.

Recipient

A term commonly used in the Medicaid and Medicare programs for an eligible or enrolled individual who actually receives services from a health plan during the time in question.

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 for a short time to give the family or caregiver a reprieve.

Restraint

Any physical or chemical way to stop a patient from being free to move.

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.

RHCF – Residential Health Care Facility

An RHCF is for people who need some help with daily living activities, but do not require nursing care. These facilities provide housing, 24-hour protective oversight, and assistance with such daily activities as dressing, meals, bathing, and medication reminders.

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.

RHIO – Regional Health Information Organization

A group of interested healthcare stakeholders who collaborate to develop the financing, business rules, technology, and governance structure necessary to permit providers and healthcare systems to electronically share patient information in a defined community or region.

Risk

In healthcare, risk is a possibility of financial shortfall due to a variety of factors including: individuals 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.

ROI – Return on Investment

ROI analysis is used to build a financial business case. The term means that decision makers evaluate the investment by comparing the magnitude and timing of expected gains to the investment costs.

RRC – Regional Resource Center

Hospitals designated by the state to utilize the state's HERDS and to develop regional plans to address the potential for an increased surge capacity of acutely ill patients presenting to EDs in the event of a disaster.

RRC – Rural Referral Center

A Medicare designation for a rural tertiary hospital that receives referrals from surrounding small primary care hospitals. An acute care hospital can be classified as an RRC if it meets several criteria pertaining to location, bed size, and referral patterns.

RRP – Readmissions Reduction Program

Section 3025 of ACA added Section 1886(q) to the Social Security Act establishing the Readmissions Reduction Program, which requires CMS to reduce payments to IPPS hospitals with excess readmissions, effective for discharges beginning on October 1, 2012.

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.

RTDC – Real Time Demand Capacity

An approach used to analyze the number of patients, available beds, and expected admissions and discharges to manage patient flow within a hospital.

RT – Respiratory Therapist

A healthcare professional who is involved in the assessment and treatment of breathing disorders including chronic lung problems, and the respiratory components of acute multi-systemic conditions such as heart attacks and stroke.

RUGs – Resource Utilization Groups

A nursing home resident classification case-mix reimbursement methodology that allows payment rates to vary based on patient characteristics and treatments that affect resource use.

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.

Rx – Drug Prescription

A physician's instructions that govern the plan of care for an individual patient, the term often refers to written authorization for a patient to purchase a prescription drug from a pharmacist.

S

SAE – Serious Adverse Event

A complication or medical error that is identifiable, preventable, and potentially serious in its consequences to a patient.

Safety Net Hospital

Safety net hospitals provide care for low-income populations and the uninsured. They maintain an open-door policy for their services, and most of the patients are uninsured or on Medicaid.

SAGE – Spending and Government Efficiency Commission

New York Governor Andrew Cuomo established the SAGE Commission in 2011 to recommend ways of consolidating and streamlining state government to reduce costs and improve services. The Commission completed its work and released a final report in February 2013.

SARS – Severe Acute Respiratory Syndrome

A serious form of pneumonia caused by a virus that was first identified in 2003. Infection with the SARS virus causes acute respiratory distress (severe breathing difficulty) and sometimes death.

Schedule H

Hospitals use Schedule H of Internal Revenue Service Form 990 to provide information on the activities and policies of, and community benefit provided by, their hospital facilities and other non-hospital healthcare facilities that they operated during the tax year.

SDS – Socio-Demographic Status

SDS refers to the social determinants in a person's life—such as income, lifestyle, nutrition, housing, and transportation—that impact health.

Section 1115 Waiver

Section 1115 of the Social Security Act allows the Secretary of Health and Human Services to authorize experimental, pilot, or demonstration projects that, in the judgment of the Secretary, are likely to promote the objectives of the Medicaid statute.

Section 508 Reclassification

In addition to normal hospital wage index reclassifications granted by the Medicare Geographic Classification Review Board, certain hospitals were granted special one-time appeals under Section 508 of the MMA.

SED – State Education Department

The state agency responsible for licensing and certifying healthcare professionals, among other things.

SEIU – Service Employees International Union

Representing 2 million members in the United States, Canada, and Puerto Rico, SEIU is the largest health care union, the largest property services union, and the second-largest public employees union.

Self-Insurance

A healthcare 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 TPA.

SEMO – New York State Emergency Management Office

A government entity that coordinates emergency management services for New York State by providing leadership, planning, education, and resources to protect lives, property, and the environment.

Service Area

The geographic area within which a particular healthcare plan is licensed to do business, usually identified by county.

SFY – State Fiscal Year

New York's SFY runs from April 1 through March 31.

Shadow Pricing

In healthcare, establishing rates for a managed care plan just under those of indemnity plans in an effort to make the managed care organization competitive while maximizing revenues.

SHAEF – State Hospital Association Executives Forum

A forum for state hospital executives to meet and discuss issues of common concern, under the auspices of AHA.

SHFFT – Surgical Hip and Femur Fracture Treatment Model

The bundled payment model established as part of the CMS Episode Payment Models in 2016.

SHIN-NY – Statewide Health Information Network for New York

A “network of networks” that links New York’s eight regional QEs throughout the state. Each QE operates its own network that collects EHRs from participating providers. With patient consent, the QE allows those records to be accessed securely by other healthcare providers in their local community. See also: RHIO.

SHIP – State Health Innovation Plan

Part of New York State’s Prevention Agenda 2013-2017, SHIP is a statewide, five-year plan to improve the health and quality of life for everyone who lives in New York State. The plan is a blueprint for local community action to improve health and address health disparities.

SHOP – Small Business Health Options Program

ACA directed states to develop a SHOP exchange for small employers (50 or fewer full-time equivalent employees) who want to provide health and dental coverage to their employees.

SHSMD – Society for Healthcare Strategy and Market Development

An organization affiliated with AHA comprised of healthcare professionals responsible for strategy development and implementation in a wide array of healthcare organizations.

Site-Neutral

A government approach to healthcare reimbursement in which the same amount is paid for a procedure or service regardless of the healthcare setting in which it is delivered.

SIW – Service Intensity Weight

A relative measurement of resources necessary to treat patients assigned to Diagnosis Related Groups.

Skilled Nursing Care

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

SLIPA – Supplementary Low Income Patient Adjustment

A Medicaid inpatient rate adjustment provided to hospitals with 35% more Medicaid and self-pay patients.

SNF – Skilled Nursing Facility

A residential healthcare facility providing care to a primarily elderly population requiring high levels of medical, social, and/or rehabilitation services.

SNP – Special Needs Plan

A state-certified program that provides services to a specific group with special needs.

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 enrollees or those with disabilities.

SOFA – State Office for the Aging

The state agency created in response to the Older Americans Act; its aim is to improve the welfare of elderly persons.

SPARCS – Statewide Planning and Research Cooperative System

A DOH-operated data system that collects financial and medical information on patients admitted to all hospitals in New York State. Its data are used for planning, reimbursement, and monitoring of the patient population.

SSA – Social Security Administration

The agency of HHS that administers a national program of contributory social insurance whereby workers and employers pay contributions that are pooled in special trust funds.

SSI – Supplemental Security Income

A federally supported and administered benefit program for eligible individuals or couples who are 65 years of age and older, or who are certified blind or disabled (at any age).

SSI – Surgical Site Infection

An infection that develops as a result of a surgical operation.

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.

Stark Act

Named after U.S. Representative Pete Stark, this law prohibits referrals to entities with which the referring physician has a financial relationship.

Statewide Sepsis Support Network

In 2013, HANYS launched a Statewide Sepsis Support Network to further raise awareness of the growing incidence of sepsis in New York, the devastating impact on patients' lives, and the availability of evidence-based best practices to improve patient care.

STEL – Short-Term Exposure Limit

Standard set by OSHA for occupational exposure to toxic and hazardous chemicals.

STEMI – ST-Elevation Myocardial Infarction

A test that measures certain markers in the blood that signal damage to the heart caused by a heart attack.

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.

STRIVE – Staff Time and Resource Intensity Verification

Started in 2005, this CMS national nursing home staff time measurement study collects data about staff time and resident-level clinical information that may be used to update Medicare payment systems for nursing facilities.

Sub-Acute Care

Care that falls between acute hospital care and traditional nursing home care. Compared to acute care, sub-acute care is less diagnostically oriented, yet is more intensive and of shorter duration than SNF care.

Suburban Hospital Alliance of New York State

The Suburban Hospital Alliance of New York State, LLC, also known as SHANYS, was informally founded in 2006 by NorMet and NSHC, and was formally established in 2012. The Suburban Alliance ensures that the specific concerns of suburban hospitals from the Hudson Valley and Long Island regions are heard in Albany and Washington.

SUD – Substance Use Disorder

The overuse of, or dependence on, a drug leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

Surgicenter

A freestanding medical facility specializing in outpatient or same-day surgical procedures.

SWAT – Strategies, Weapons, And Tactics

This HANYS program provides hospitals with technical and tactical training to better negotiate with insurance plans.

Swing Bed

A bed in a hospital that can be used for patients receiving either acute or post-acute care.

T

TANF – Temporary Assistance for Needy Families

A federal block grant that funds welfare services to adults and children.

TBI – Traumatic Brain Injury

An injury to the brain that can result in a number of outcomes including motor and/or cognitive disabilities, coma, or death.

TB – Tuberculosis

An infectious disease of human beings and animals caused by the tubercle bacillus and characterized by the formation of tubercles in the lung and other tissues of the body.

TCPI – Transforming Clinical Practices Initiative

A four-year ACA initiative designed to help clinicians achieve large-scale health transformation by supporting more than 140,000 clinician practices in sharing, adapting, and further developing their comprehensive quality improvement strategies.

TCU – Transitional Care Unit

A unit in a hospital or rehabilitation facility for patients over age 65 whose complex care needs require an extended LOS because the patient is no longer critical but is not stable enough for transfer.

TDD – Telecommunications Device for the Deaf

A device that uses typed input and output, usually with a visual text display, to enable individuals with hearing or speech impairments to communicate over a telecommunications network.

Teaching Hospital

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

TEFRA – Tax Equity Fiscal Responsibility Act of 1982

The federal law that established certain base rates for Medicare and Medicaid reimbursements. A TEFRA rate is a ceiling payment rate per discharge for Medicare and Medicaid.

Telehealth

The use of electronic communication networks for the transmission of information and data focused on health promotion, disease prevention, and the public's overall health including patient/community education and information, population-based data collection and management, and linkages for healthcare resources and referrals.

Telemedicine

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

Telepsychiatry

The application of telemedicine to the specialty field of psychiatry. The term typically describes the delivery of psychiatric assessment and care through videoconferencing.

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.

THA – Total Hip Arthroplasty

A surgical procedure in which parts of the knee joint are replaced with artificial parts.

The Academy for Healthcare Leadership Advancement

HANYS and the SC Johnson College of Business at Cornell University collaborate to offer *The Academy for Healthcare Leadership Advancement* to help healthcare organizations advance their leadership capabilities and breakthrough performance.

TJA – Total Joint Arthroplasty

A surgical procedure for the treatment of severe arthritis and other disorders in which the normal articulating surfaces of a joint are replaced by metal and plastic prostheses. The operation most commonly involves replacement of the hip joint, although the knee and other joints may also be replaced.

TJC – The Joint Commission

A private, non-profit accrediting organization dedicated to developing standards and conducting surveys to encourage the attainment of uniform, high hospital, nursing home, and home healthcare standards.

TKA – Total Knee Arthroplasty

A surgical procedure in which parts of the knee joint are replaced with artificial parts.

TPA – Third-Party Administrator

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

TPE – Targeted Probe and Educate

When performing medical review as part of TPE, Medicare Administrative Contractors focus on specific providers/suppliers within the service rather than all providers/suppliers billing a particular service. After each round of TPE medical review, providers are offered individualized education based on the results of their reviews.

TPN – Total Parenteral Nutrition

A solution containing nutrients is injected into a vein to provide nutrition to a patient, replacing normal eating and digestion. See also: PPN.

TQI – Total Quality Improvement

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

Transitional Care

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

Trend Factor

An adjustment factor to represent the predicted change in the level of costs for services from one period to another due to inflation and utilization increases.

Triage

The classification of sick or injured people according to severity to direct care to ensure the efficient use of limited medical resources during extreme circumstances.

Tricare

A federal program established to administer civilian health and medical care to military personnel, military retirees, and their dependents. Formerly called the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Triple Aim

The three-part goal of improving population health, enhancing the quality of patient care, and reducing the cost of healthcare.

TrOOP – True Out of Pocket

The amount that Medicare beneficiaries must pay out of pocket to be eligible for catastrophic coverage under Part D of Medicare.

Two-Midnight Rule

Under CMS' "two-midnight rule," hospital inpatient admissions spanning two midnights in the hospital generally qualify as appropriate for payment under Medicare Part A.

U

UB-92

The uniform billing form used by providers to bill institutional services (inpatient, outpatient, nursing home, home health, etc.) to all payers.

UCC – Uncompensated Care

Care provided for which the healthcare provider does not receive compensation. The Medicare and Medicaid DSH programs provide payments to providers to partially offset the cost of UCC.

UCDS – Uniform Clinical Data Set

A system adopted for coding and abstracting Medicare patient information used by peer review organizations to identify and analyze patterns of care nationwide.

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

The 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.

UHDDS – Uniform Hospital Discharge Data Set

A defined set of data that gives a minimum description of a hospital episode or admission; it is recommended upon discharge for all hospital stays reimbursed under Medicare and Medicaid.

UHF – United Hospital Fund

A non-profit organization that is a source of philanthropic aid and leadership for the New York City healthcare community. UHF provides information services, continuing education programs, health policy forums, and statistical and policy-oriented publications.

UM – Utilization Management

A systematic means for reviewing and controlling patients' use of medical care services and providers' use of medical care resources.

Universal Coverage

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

Urgent Care Center

A healthcare facility whose primary purpose is the provision of immediate, short-term medical care for minor but urgent medical conditions.

UR – Utilization Review

The evaluation of the necessity, appropriateness, and efficacy of the use of medical services, procedures, and facilities. UR can be performed by a utilization review committee, peer review organization, peer review group, public agency, provider, or managed care plan.

Utilization

For a managed care plan, utilization is commonly measured per 1,000 members or PMPM. Some common utilization measures are days/1,000, discharges/1,000, visits/1,000, and procedures/1,000. Generally, utilization numbers are annual. Utilization measures are used to project future use, measure trends in use rates, and establish sub-capitation rates.

V

VAE – Ventilator-Associated Event

VAEs include all events associated with mechanical ventilation that increase the oxygenation requirements of the patient.

VAPAP – Vital Access Provider Assurance Program

A program created by New York State in 2015 to offer the opportunity for safety net hospitals that are not operated by a public benefit corporation and meet payer and financial distress criteria to apply for funding. VAPAP replaced IAAF, which ended on March 31, 2015.

VAP – Ventilator-Associated Pneumonia

An infection that develops from a patient breathing by way of mechanical ventilation.

VAP – Vital Access Provider

Through the Vital Access Provider program, the State of New York assists financially challenged providers that are vitally needed in their communities, as they seek to attain stability.

VBP – Value-Based Payment

The P4P component of the New York State Delivery System Reform Payment program.

VBP – Value-Based Purchasing

Also referred to as P4P, this modification to the current Medicare payment system links provider reimbursement rates to reporting and performance on select quality of care measures.

VEF – Ventricular Ejection Fraction

The fraction of blood pumped out of ventricles with each heart beat. The term “ejection fraction” applies to both the right and left ventricles; left ventricular ejection fraction (LVEF) and right ventricular ejection fraction (RVEF) may vary widely from one another incumbent upon physiologic state.

Ventilator

A mechanical device that assists or replaces the natural mechanism for breathing.

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.

VRE – Vancomycin-Resistant Enterococcus

A group of bacterial species that is resistant to the antibiotic vancomycin. Enterococci can be found in the digestive and urinary tracts of some humans. VRE is particularly dangerous to immunocompromised individuals.

VTE – Venous Thromboembolism

A condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, causing swelling and pain.

W

Wage index

The Medicare hospital IPPS is designed to pay hospitals based on a national average payment amount, adjusted for two factors that affect hospitals' costs: the patient's condition and market conditions in the hospital's location. The area wage index is used to calculate a payment adjustment that takes into account differences in hospital wage rates among labor markets.

Waiver

A term used in New York State healthcare to refer to a variety of exceptions or variances allowed to circumvent federal rules.

WCB – Workers' Compensation Board

A body established to administer the Workers' Compensation laws that cover injured workers and volunteer firefighters and establish the schedule of medical fees for payment to physicians and hospital outpatient ancillary services.

WEF – Wage Equalization Factor

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

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 healthcare.

WNYHA – Western New York Healthcare Association

Part of HANYS, WNYHA is a not-for-profit association that provides advocacy, representation, and education to hospitals and healthcare facilities in Western New York.

Worksheet S-10

A Medicare cost reporting form for acute care hospitals (Form 2552-10) containing data used to calculate a hospital's uncompensated care cost for bad debt and charity care. This cost is used in the calculation of Medicare DSH to distribute uncompensated care payments based on each hospital's ratio of uncompensated care relative to the total for all DSH-eligible hospitals.

X

No items for this section.

Y

No items for this section.

Z

ZPIC – Zone Program Integrity Contractor

As a result of the MMA, which established seven zones throughout the United States for the purpose of processing Medicare claims, CMS created ZPICs to more effectively protect the Medicare program from fraud, waste, and abuse.

Order Form

Healthcare Acronyms ■ Abbreviations ■ Terms

Complete the information requested below and mail this form with your payment to:

**HANYS' Corporate Communications
One Empire Drive
Rensselaer, NY 12144**

Additional copies are \$7.50 for HANYS Members and \$30 for non-members.

Please send me _____ copies of *Healthcare Acronyms ■ Abbreviations ■ Terms*.

Enclosed is my check for \$_____

Please indicate if you are a member of the Healthcare Association of New York State:

- Yes, my organization is a HANYS member.
- No, my organization is not a member. Please send me information regarding membership.*
- No, my organization is not a member. I do not wish to receive information regarding membership.

Name

Organization (if applicable)

City/State/ZIP Code

Street Address

Telephone

E-mail

Questions?

HANYS' Corporate Communications ■ 518.431.7770

**To be eligible for membership with the Healthcare Association of New York State, your organization must be a non-profit healthcare facility within New York State. Additional member categories are available for select non-profit organizations. Please call HANYS' Member Engagement office at 518.431.7901 for more information.*



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