

Managed Care Community of Practice
Acronym Guide



Acronym	Description
ACA	Affordable Care Act. Also known as the Patient Protection and Affordable Care Act (PPACA), health care reform (HCR) and Obamacare, it is the comprehensive healthcare reform law enacted in March 2010.
ACO	Accountable Care Organization. A population health management organization characterized by a payment and care delivery model that ties provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.
ACSC or ACS	Ambulatory Care Sensitive Conditions or Ambulatory Care Sensitive
AOD (SUD or AOD)	Substance Use Disorder or Alcohol and Other Drug
AR	Accounts Receivable
BAA	Business Associate Agreement
BH	Behavioral Health
BHCC	Behavioral Health Care Collaboratives
BHO	Behavioral Health Organization
BIP	Balancing Incentive Plan
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers & Systems
CAQH	Council for Affordable Quality Health
CAS	Coordinated Assessment System
CBO	Community Based Organization
CCBHC	Certified Community Behavioral Health Clinic
CDS	Clinical Decision Support
CEHRT or EHR	Certified EHR Technology

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CFCM	Conflict Free Case Management
CFTSS	Children and Family Treatment and Support Services
CHC	Community Health Center
CMHC	Community Mental Health Center
CMMI	Center for Medicare and Medicaid Innovation. A branch of CMS that develops new payment and service delivery models.
CMS	Center for Medicare and Medicaid Services. Federal agency that governs Medicare, Medicaid, and CHIP.
CPOE	Computerized Provider Order Entry
CPT	Current Procedural Terminology. Billing coding set developed by the American Medical Association.
CQI	Continuous Quality Improvement
CQM	Clinical Quality Measures
CTAC	Community Technical Assistance Center
DEA	Drug Enforcement Agency
DISCO	Developmental Disabilities Individual Support and Care Coordination Organization. A managed care intermediary concept developed by NY state. This concept has largely been replaced by OPWDD's Care Coordinating Organizations
DSM-V	Diagnostic Statistical Manual, Version 5
DSRIP	Delivery System Reform Incentive Payment (DSRIP) Program. A NY statewide program to improve quality and patient experience while delivering more efficient, affordable care.
EBP	Evidence-Based Practice
eCQMS	Electronic Clinical Quality Measures
ED or ER	Emergency Department or Emergency Room
EDI	External Data Interchange

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EHR / EMR	Electronic Health Record / Electronic Medical Record. Electronic medical information and other data relating to a patient's health. Records often include information about a patient's demographics, insurance coverage, medical history, medications, progress notes, services received, laboratory results, immunizations, and allergies.
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment. A benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
eQARR	Electronic Quality Assurance Reporting Requirements. DOH system for annual reporting of managed care performance.
eRx	e-prescription or e-prescribing
FFS	Fee-for-Service. Payment model where services are unbundled and paid for separately. In health care, it gives an incentive for physicians to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.
FIDA	Fully Integrated Duals Advantage. The technical name for the CMS demonstration program to integrate managed care for individuals with both Medicare and Medicaid coverage.
FIDA-IDD	Fully Integrated Duals Advantage for individuals with developmental disabilities
FQHC	Federally Qualified Health Center
HARP	Health and Recovery Plan. NY specialty managed care organizations that cover specialty behavioral health services for select populations with intensive behavioral health needs.
HCBS	Medicaid Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System. Another Health Care Code Set (Acronym pronounced "hick picks")
HEDIS	Healthcare Effectiveness Data and Information Set
HHTS	Health Home Tracking System
HIE	Health Information Exchange
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
HMO	Health Maintenance Organization

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HUB	Care coordination, centralized information and referral.
ICD-10	International Statistical Classification of Diseases, Version 10. Code set developed by the World Health Organization.
ICDS	Integrated Care Delivery System
IDT	Interdisciplinary Team
IOP	Intensive Outpatient Program
ISPM	Individualized Service Planning Model
LGU	Local Governmental Unit
LOC	Level of Care
LOCADTR	Level of Care for Alcohol and Drug Treatment Referral
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MAPP	Medicaid Analytics Performance Platform
MBHO	Managed Behavioral Health Organizations
MCO / MCP	Managed Care Organization / Managed Care Plan. Health insurance plan that offers health services to its members, and offers financial incentives for patients to use the providers who belong to the plan. Examples include: HMOs and PPOs.
MCTAC	Managed Care Technical Assistance Center
MLR	Medical Loss Ratio
MLTC	Managed Long-Term Care
MMIS	Medicaid Management Information System
MRT	New York Medicaid Redesign Team
MSC	Medicaid Service Coordination / Coordinator
MU	Meaningful Use

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NCQA	National Committee for Quality Assurance. A national quality measurement and accreditation organization.
NPI	National Provider Identifier
NYeC	New York eHealth Collaborative
OLP	Other Licensed Provider
ONC	Office of National Coordinator for Health Information Technology
OTP	Opioid Treatment Program
PA	Prior Authorization
PAHP	Prepaid Ambulatory Health Plan
PCCM	Primary Care Case Management
PCMH	Patient-Centered Medical Home. A model of care intended to put patients at the forefront of care.
PH	Partial Hospitalization
PHP	Partner's Health Plan. The single managed care plan for New York's FIDA-IDD.
PHRs	Personal Health Records
PIHP	Prepaid Inpatient Health Plan. A type of managed care arrangement that provides prepaid capitation payments to managed care entities that arrange for inpatient hospital care.
PMPM	Per Member Per Month
PPO	Preferred Provider Organization. A managed care organization that has a more limited provider network; services obtained from outside the network are not covered or feature higher cost-sharing levels.
PPS	Performing Provider System
PROS	Personalized Recovery Oriented Services
QE	Qualified Entity
RCM	Revenue Cycle Management
RFA-RFQ-RFP	Request for Application, Qualifications, Proposal
RHC	Rural Health Clinic

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RHIO	Regional Health Information Organization. Facilitate exchange of health-related information among multiple stakeholders.
RPC	Regional BH Planning Consortium
SDE	State Designated Entity
SED	Seriously Emotionally Disturbed
SHIN-NY	Statewide Health Information Network of New York
SNP	Special Needs Plan
SPA	State Plan Amendment
SPMI or SMI	Seriously and Persistently Mentally Ill or Seriously Mentally Ill
SUD or AOD	Substance Use Disorder or Alcohol and Other Drug
Tx	Treatment
UB-04	Uniform Bill, Version 4. Claim form, also known as the CMS-1450 form
UM	Utilization Management
UR / UM	Utilization Review / Utilization Management
URAC	Utilization Review Accreditation Commission
VBP	Value-Based Payment
DDP2	Developmental Disabilities Profile - 2