

Healthcare Acronyms



A

AAACTS	Accountability, Appearance, Attitude, Communication, Teamwork, Service
ACA (or PPACA)	Patient Protection and Affordable Care Act A comprehensive health care reform bill passed in 2010, the ACA seeks to achieve a triple aim of improving population health, lowering per capita costs, and elevating patient experience.
Accountable Care	The responsibility of providers to manage total cost of care for a population by standardizing care pathways, driving care coordination, and multiplying ambulatory access points.
ACO	Accountable Care Organization Comprised of one or more providers (physician groups, hospitals) and a payer (Medicare, private insurers), ACOs receive shared savings bonuses—along with traditional fee-for-service payments—for lowering costs and increasing quality of care for their assigned patients.
AHA	American Heart Association A non-profit health awareness agency that focuses on reducing the number of deaths caused by cardiovascular diseases and stroke.
AHP	Allied Health Professional
AMA	American Medical Association A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
AMC	Academic Medical Centers A health care organization that is often linked to a medical school and hospital complex.
APC	Ambulatory Payment Classification Ambulatory Payment Classification is the billing code system that hospitals use to charge CMS for outpatient services provided to Medicare and Medicaid patients.
APM	Alternative Payment Models Alternative Payment Model (APM) is one of two payment tracks mandated under <u>MACRA</u> ; it shifts Medicare provider payments from fee-for-service to a value-based model.
APNP	Advanced Practice Nurse Provider
APP	Advanced Practice Provider
ARRA	American Recovery and Reinvestment Act of 2009 (“Stimulus Bill”) The Stimulus Bill’s health care aspects focus on extending money to states for Medicaid, to the uninsured for private insurance, and to hospitals for IT implementation.
ASC	Ambulatory Surgery Center A medical facility designed and equipped to handle surgery, pain management, and certain diagnostic procedures that do not require overnight hospitalization. The centers may be part of a community general hospital, a specialty hospital, or an independent medical facility.

B

BSC	Balanced Scorecard
Bundled Payments	Under a bundled payments model, a payer issues a lump sum to the providers involved in delivering an episode of care during a specific time period, which may include physicians, hospitals, and post-acute care providers.

C

CAH	Critical Access Hospital CMS certifies certain rural hospitals as Critical Access Hospitals (CAHs). CAHs have no more than 25 inpatient beds and maintain an annual average length of stay of no more than 96 hours for acute inpatient care.
CAP	College of American Pathologists Being CLIA certified and CAP accredited ensures your test results are meeting and exceeding industry standards for clinical laboratory testing.
CDC	Centers for Disease Control and Prevention A federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States to improve overall public health.
CEPPT (pronounced “Kept”)	C = Continuous Improvement of safety/quality/experience E = Efficiency – make healthcare more affordable P = Partner with payers P = Partner with providers T = Technology – increase access/convenience
CEO	Chief Executive Officer
CExO	Chief Experience Officer The Chief Experience Officer (CExO) is responsible for cultivating an organizational culture that aims to enhance the patient, visitor, physician, and staff experience, ideally improving patient satisfaction scores as a result.
CFO	Chief Financial Officer
CHIP	Children’s Health Insurance Program, enacted 1997 A joint state and federal program to offer health care financing to low-income families with children.
CHWC	Community Health and Wellness Center
CI	Clinical Integration Clinical integration (CI) is a legal arrangement that allows hospitals and physicians to collaborate to improve quality and efficiency while remaining independent entities.
CI Council	Continuous Improvement Council

CLIA	Clinical Laboratory Improvement Amendments Being CLIA certified and CAP accredited ensures your test results are meeting and exceeding industry standards for clinical laboratory testing.
CMIO	Chief Medical Information Officer The Chief Medical Information Officer (CMIO) bridges the gap between practicing clinicians and the IT Department. CMIOs are always physicians and help develop strategies for mobility, security, disaster preparedness, change management, and IT governance.
CMO	Chief Medical Officer The Chief Medical Officer (CMO) role has traditionally focused on improving the quality of clinical services and serving as a liaison between a hospital's administration and its medical staff. In light of reimbursement pressures, CMOs are now tasked with leading clinical transformation efforts, which also cut costs.
CMS	Centers for Medicare & Medicaid Services Government organization within the Department of Health and Human Services that manages Medicare, Medicaid, and CHIP.
CNO	Chief Nursing Officer The Chief Nursing Officer (CNO) is responsible for ensuring hospitals and other facilities provide safe and cost-effective patient care. CNOs identify and communicate the strategic direction for nursing, manage financial and human resources, collaborate with leaders of other departments, and supervise nurses and other allied healthcare team members.
CNS	Clinical Nurse Specialist A Clinical Nurse Specialist (CNS) is a registered nurse who has training at the master's or doctoral level.
COE	Center of Excellence Center of Excellence generally refers to a specific package of services aimed at treating a specific disease as hospitals try to highlight the quality of particular clinical services (e.g., bariatric surgery center of excellence).
CPT	Current Procedural Terminology A standardized medical code developed by the American Medical Association to report medical services and procedures under public and private health insurance programs.
CRNA	Certified Registered Nurse Anesthetist A Certified Registered Nurse Anesthetist (CRNA) is an advanced practice nurse who provides anesthetics to patients in every setting, and for every surgery or procedure, in concert with various health care professionals.
CT Scan	Computerized Tomography Scan

D

DHS	Department of Health Services
DNP	Doctor of Nursing Practice DNP is a professional degree in nursing practice that is a substitute for a research-oriented doctoral degree. DNP provides training in evidence-based medicine, quality performance, and systems leadership.
DO	Doctor of Osteopathic Medicine A fully licensed physician who practices in every medical specialty. They provide various services such as prescribing medication to performing surgery.
DSPS	Department of Safety and Professional Service
DSH	Disproportionate Share Hospital State Medicaid programs make Disproportionate Share Hospital (DSH) payments to qualifying hospitals that provide health care services to a substantial number of Medicaid and uninsured individuals.

E

EBP	Evidence-based Practice Evidence-based practice is the explicit use of the best available medical evidence in making clinical decisions.
ED	Emergency Department (also called emergency room or ER) The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.
EHB	Essential Health Benefits A list of benefits that must be covered by all new health care plans as of January 1, 2014.
EHR	Electronic Health Record Digital medical record designed to be shared among locations.
EMR	Electronic Medical Record Digital medical record designed to serve one system or entity.
ESI	Employer Sponsored Insurance Insurance paid by businesses on behalf of their employees.
ET	Excellence Together

F

FDA	Food and Drug Administration A federal agency responsible for regulating the release of new foods and health-related products.
FFS	Fee-For-Service System of payment in which providers receive reimbursement for each service they perform.
FMV	Fair Market Value
FPL	Federal Poverty Level Income level set by the federal government. Key in determining eligibility and corresponding subsidies for ACA programs.
FPPE	Focused Provider Performance Evaluation
FQHC	Federally Qualified Health Center Clinics offering comprehensive health care to an underserved population and receive Medicare and Medicaid payment.
FTE	Full Time Equivalent For purposes of the ACA, this is an employee who works 30 hours/week or more.

G

GP	Geriatric Psychiatry
GPO	Group Purchasing Organization An entity that helps healthcare providers realize savings by aggregating purchasing volume and using that leverage to negotiate discounts with manufactures, distributors, and other vendors.

H

HAC	Hospital-Acquired Conditions Illnesses or complications that patients contract during their hospital stay and are considered to be highly avoidable.
HCAHPS	Hospital Consumer Assessment of Health Care Providers and Systems The HCAHPS survey measures patient experience.

HCPCS	Healthcare Common Procedure Coding System A medical billing code used by providers to submit claims to commercial health insurers and government health care programs.
HCQIA	Health Care Quality Improvement Act - Provides protection from liability under Federal and State laws for members of a professional review body and their staffs.
HCR	Health Care Reform Ongoing legislative and regulatory movement.
HHA	Home Health Agency Home Health Agencies (HHAs) provide skilled nursing, therapy, and personal care services to patients in their private homes.
HHS	U.S. Department of Health and Human Services Federal department responsible for providing Americans with health care services and improving overall health.
HIE	Health Information Exchange Electronic infrastructure that allows health care professionals and patients to appropriately access and securely transmit a patient's vital medical information across sites of cares in many geographic regions of the country.
HIM or HIX	Health Insurance Exchange (or Marketplace) Several names are used to describe the ACA's online portals to register for private or government insurance.
HIMSS	Healthcare Information and Management Systems Society A nonprofit organization whose goal is to promote the best use of information technology and management systems in the health care industry.
HIPAA	Health Insurance Portability and Accountability Act of 1996 A law designed to ensure patient health care privacy.
HITECH	Health Information Technology for Economic and Clinical Health Act Enacted through the 2009 ARRA, this act offers regulations and funding for hospitals and physicians to implement health IT.
Hospice	A comprehensive system of services and care team of clinicians that provide palliative care to the terminally ill.
HRP	High Risk Pools ACA-established insurance for those with preexisting conditions.



ICD-10	International Statistical Classification of Diseases and Related Health Problems The 10th version of the codes to classify disease in provider settings. Used heavily by CMS and insurance firms to allocate payments.
IDN	Integrated Delivery Network A formal system of providers and sites of care that provides both complete health services and a health coverage plan to patients in a particular geographic area.

IPPS	Inpatient Prospective Payment System A payment system for the operating costs of acute care hospital inpatient stays under Medicare Part A based on prospectively set rates.
IRF	Inpatient Rehabilitation Facilities Inpatient Rehabilitation Facilities provide intensive rehabilitation services to patients who have suffered an acute medical episode. IRFS can either be rehabilitation units in acute care hospitals or freestanding entities.

J

TJC (formerly JCAHO)	The Joint Commission The Joint Commission (TJC) is an independent, not-for-profit organization that accredits and certifies hospitals and other types of health care organizations and providers.
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K

KOM	Key outcome measures.
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L

LTACH	Long-Term Acute Care Hospitals Long-Term Acute Care Hospitals treat patients with serious medical conditions and require intensive post-acute treatment for an extended period of time.
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M

MA	Medicare Advantage A Medicare plan offered by a private company that works with Medicare to deliver care and receive payments.
MACRA	Medicare Access and CHIP Re-Authorization Act MACRA was enacted in 2015 and introduced two new payment tracks: the Merit-Based Incentive System and Alternative Payment Models. These new payment tracks move away from fee-for-service models to value-based reimbursements.
MCE	Medical Care Evaluation Committee

MCO	Managed Care Organization Health care delivery method managed by a private company where patients agree to visit only certain doctors and hospitals.
MDMA	Medical Device Manufacturers' Association A national trade association that represents and provides educational and advocacy assistance to smaller independent medical device manufacturers.
MEC	Medical Executive Committee
MEC	Minimum Essential Coverage The level of basic medical care that individuals are mandated to maintain under the ACA.
MedPAC	Medicare Payment Advisory Commission Independent US federal body that advises Congress on the Medicare program.
MIPS	Merit-Based Incentive Payment System One of two new payment tracks under MACRA that scores providers on four categories—Quality, Resource Use, EHR Use, and Clinical Practice Improvement—which will be used to calculate provider bonuses or penalties.
MRI	Magnetic resonance imaging (MRI) Magnetic resonance imaging (MRI) is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body. Most MRI machines are large, tube-shaped magnets.
MS-DRG	Medicare Severity-Diagnosis Related Group A Medicare Severity-Diagnosis Related Group (MS-DRG) system classifies acute care patients into groups based on diagnosis and procedures performed.
MSSP	Medicare Shared Savings Program Shared savings is a payment model where providers are paid for each procedure they perform and may receive bonus income for reducing spending below a spending target. The MSSP is CMS's program to establish the ACOs that receive these payments.
MU	Meaningful Use Series of guidelines from the HITECH Act to encourage providers to achieve high-level electronic record competency.
MVV	Mission, Vision, Values

N

Next-Generation ACO	This new ACO model uses a combination of fee-for-service and capitation. It creates four payment systems and two risk tracks for its participants, including one with almost full risk. In a significant departure from existing ACO options, patients will be able to voluntarily sign up for ACOs in the model.
NP	Nurse Practitioner A Nurse Practitioner (NP) is a trained nurse who is qualified to diagnose and treat acute and chronic conditions without the direct supervision of a doctor.

O

OIC	Office of Insurance Commissioner
OIG	Office of the Inspector General (Department of Health and Human Services) Office of the Inspector General of the Department of Health and Human Services investigates Medicare fraud and abuse and enforces laws related to those crimes.
OPPE	Ongoing Provider Performance Evaluation
OPPS	Outpatient Prospective Payment System Under this system, hospitals receive a set payment rate to provide certain outpatient services to Medicare patients.
OSHA	Occupational Safety and Health Administration The Occupational Safety and Health Administration is a large regulatory agency of the United States Department of Labor.

P

PA	Physician Assistant A Physician Assistant (PA) is a mid-level practitioner who practices medicine under the supervision of a licensed doctor.
PCMH	Patient-centered Medical Home A team-based care model for physician groups centered on the effective provision of primary and preventive care.
PCP	Primary Care Physician
PDSA	Plan, Do, Study, Act. A set of tools to use, and a standardized and structured way to report out on improvement activities to all teams working improvement projects.
PHD	Public Health Department
PhRMA	Pharmaceutical Research and Manufacturers of America A trade group representing companies in the pharmaceutical industry in the United States.
PMPM	Per Member Per Month
Population Health Management	The use of health care and/or lifestyle interventions to improve the long-term health and wellness of a group of individuals.
PPS	Prospective Payment System
PSA	Primary Service Area

Q

QHP	Qualified Health Plan An insurance plan providing essential health benefits and approved to be sold on a health insurance marketplace.
QSRC	Quality & Safety Report Card

R

Retail Clinic	Retail clinics are typically staffed by nurse practitioners or physician assistants to treat uncomplicated minor illnesses. They are located in retail stores, supermarkets, and pharmacies.
RN	Registered Nurse A Registered Nurse (RN) is a licensed professional who provides and coordinates patient care, educates patients on health conditions, and provides emotional support to patients and their families.
RVU	Relative Value Unit A measure of value used by Medicare to reimburse physician services. RVUs are a method of calculating the volume of work undertaken by a physician in treating patients.
RWHC	Rural Wisconsin Health Cooperative

S

Shared Savings	A risk-based payment model designed to reward providers for improving the total cost and the quality of care for a defined patient population.
SNF	Skilled Nursing Facility Skilled Nursing Facilities (SNFs) provide ongoing nursing care to patients who do not require the intensity of an acute facility. SNFs treat a variety of sub-acute patients requiring skilled nursing and therapeutic care.
SSA	Secondary Service Area
SSM	SSM Health – Sisters of St. Mary
SWAC	Stoughton Wellness and Athletic Center

T

Teaching Hospital	A hospital closely associated with a medical school and serving as a practical educational site for medical students, interns, and residents.
Triple Aim	The Triple Aim refers to CMS's goal for an ideal U.S. health care system. The three goals are improving the patient care experience, reducing the per capita cost of health care, and enhancing the health of a population.

U

Urgent Care	Urgent care is focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care center primarily treat injuries or illnesses requiring immediate care, but not critical enough to require an ER visit.
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V

VBP	Value-Based Purchasing A CMS initiative that positively or negatively adjusts Medicare reimbursement based on performance on quality metrics.
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W

WHA	Wisconsin Health Association
WORH	Wisconsin Office of Rural Health