

## GLOSSARY

The world of healthcare has its own unique set of acronyms and terminology. Here are some of the terms you may hear used around NEPHO and NECoMG.

- **ACA** – Affordable Care Act
- **ACI** - Advancing Care Information
- **ACO** – Accountable Care Organization
- **ACU** – Accountable Care Unit
- **ADL** – Activities of Daily Living
- **Administrative Fee** – payment for management services; NEPHO receives Administrative Fees from several health plans; NEPHO pays an Administrative Fee to Lahey Clinical Performance Network (LCPN)
- **AHRQ** – Agency for Healthcare Research and Quality
- **AP** – Advanced Practitioner
- **APM** – Alternative Payment Models
- **AQC** – Alternative Quality Contract (name of BCBSMA’s P4P program)
- **BCBSMA** – Blue Cross Blue Shield Massachusetts
- **BMC** – Boston Medical Center
- **Bundled Payments** - a payment rate for services related to an episode or treatment
- **CAC** – Collaborative Accountable Care (name of Cigna’s P4P program)
- **CAQH** – Council for Affordable Quality Healthcare
- **Capitation** – a fixed per member payment made to a provider for a defined set of services and time period
- **CCF** – Care Coordination Fee (component of Cigna’s P4P program)
- **CHF** – Congestive Heart Failure
- **CHIA** – Center for Health Information and Analysis
- **CIN** – Clinically Integrated Network
- **CMS** – Center for Medicare and Medicaid Services
- **COPD** – Chronic Obstructive Pulmonary Disease
- **CPT** – Current Procedural Terminology
- **DSRIP** – Delivery System Reform Incentive Program
- **ED** – Emergency Department
- **EHR** – Electronic Health Record
- **EMR** – Electronic Medical Record
- **EPO** – Exclusive Provider Organization
- **FFS** – Fee-for-Service
- **FPL** – Federal Poverty Level
- **GIC** – Group Insurance Commission
- **HCAS** – Healthcare Administrative Solutions
- **HCAHPS** – Hospital Consumer Assessment of Healthcare Providers and Systems
- **HCPCS** – Hospital Common Procedure Coding System

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## Physician Hospital Organization

- **HEDIS** – Healthcare Effectiveness Data and Information Set
- **HIE** – Health Information Exchange
- **HIPAA** – Health Insurance Portability and Accountability Act of 1996
- **HIT** – Health Information Technology (a component of the HPHC’s QAP)
- **HMO** – Health Maintenance Organization
- **HPC** – Health Policy Commission
- **HPHC** – Harvard Pilgrim Health Care
- **HPIP** – Hospital Performance Improvement Program (component of BCBSMA’s P4P program)
- **IDN** – Integrated Delivery Network
- **IPA** - Independent Physician Association
- **LCPN** – Lahey Clinical Performance Network
- **LCP-ACO** – Lahey Clinical Performance Accountable Care Organization
- **LTACH** – Long-Term Acute Care Hospital
- **LTSS** – Long Term Services and Support
- **MA** – Medicare Advantage
- **MACRA** – Medicare Access and CHIP Reauthorization Act
- **MCO** – Managed Care Organization
- **MHQP** – Massachusetts Health Quality Partners
- **MIPS** – Merit-Based Incentive Payment System
- **MSO** – Management Services Organization OR Medical Staff Office
- **MSSP** – Medicare Shared Savings Program
- **MU** – Meaningful Use
- **MTM** - Medication Therapy Management
- **NP** – Nurse Practitioner
- **NPI** – National Provider Identifier
- **NPPES** – National Plan and Provider Enumeration System (to create and managed NPIs)
- **OOPHO** – Out of PHO
- **P4P** – Pay For Performance
- **PA** – Physician Assistant
- **PBM** – Pharmacy Benefit Management
- **PCC** – Primary Care Clinician
- **PCMH** – Patient Centered Medical Home
- **PCP** – Primary Care Physician
- **PG** – Press Ganey
- **PHO** – Provider Hospital Organization
- **PMPM** – Per Member Per Month
- **POS** – Point of Service
- **POD** – NEPHO Physician subgroup
- **PPO** – Preferred Provider Organization
- **PTAN** – Provider Transaction Access Number (Medicare-issued identifier)
- **QAP** – Quality Advanced Program (name of HPHC’s P4P program)
- **R4E** – Rewards for Excellence (component of HPHC’s QAP)

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- **RPO** – Registration of Provider Organizations
- **RAF** – Risk Adjustment Factor
- **Risk Contract** – contracting arrangements between health plan and providers where providers are responsible for managing the overall costs of a population. If the costs are lower than the budget, the providers share in a surplus. If the costs are higher than the budget, the providers must share in the deficit
- **RVU** – Relative Value Unit
- **SCO** – Senior Care Options
- **Shared Savings** - contracting arrangements between health plan and providers where providers are responsible for managing the overall costs of a population. In this contract model, physicians share in the surplus only, not the deficit
- **SNF** – Skilled Nursing Facility
- **THP** – Tufts Health Plan
- **THPP** – Tufts Health Public Plans
- **TME** – Total Medical Expenditures
- **TMP** – Tufts Medicare Preferred
- **UCC** – Urgent Care Center
- **VBP** – Value Based Purchasing