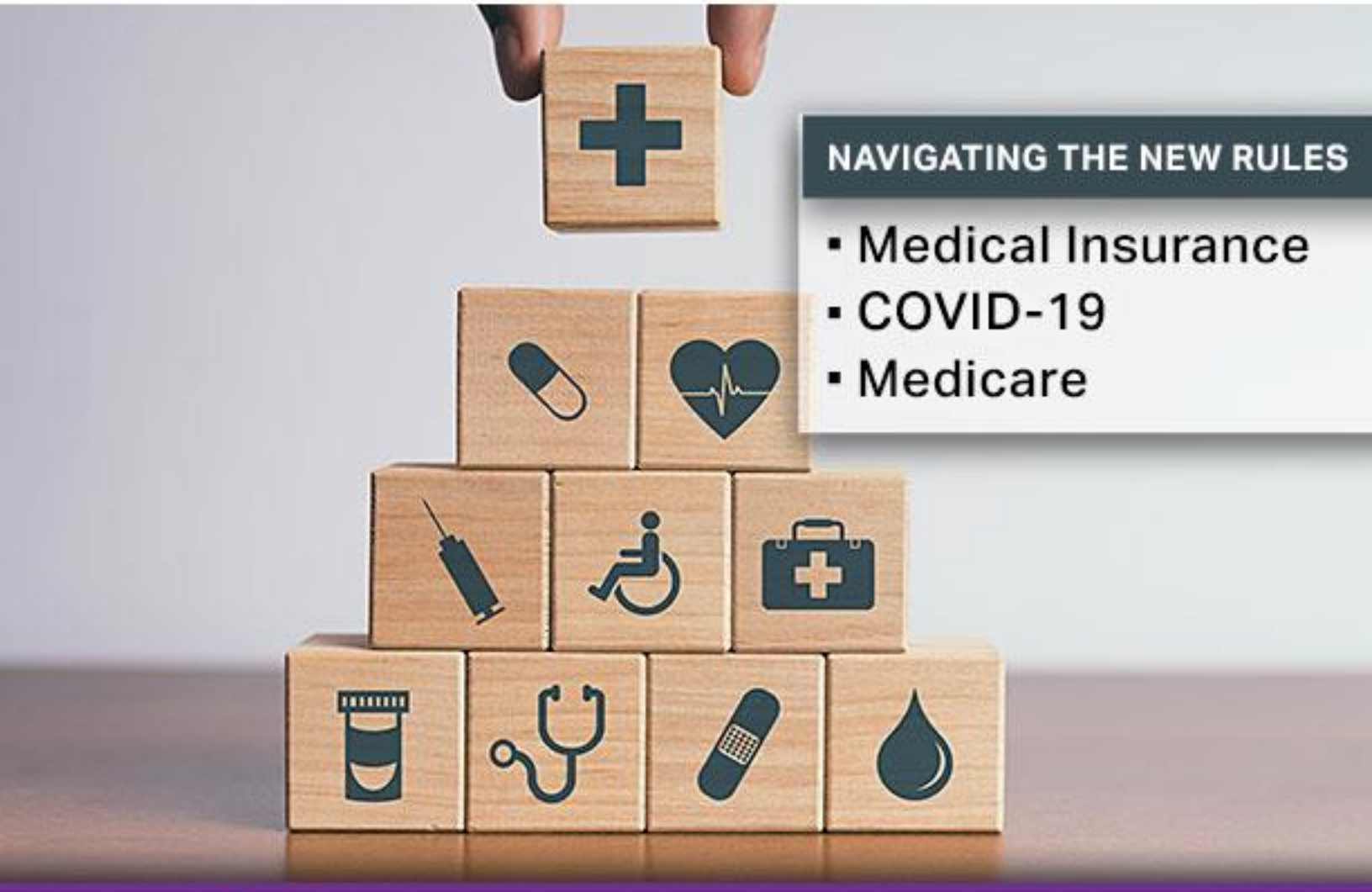
2021 HEALTHCARE SURVIVAL GUIDE



NAVIGATING THE NEW RULES

- Medical Insurance
- COVID-19
- Medicare

DISCOUNT ONLY - NOT INSURANCE. There are no enrollment or membership fees for the program. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending upon the type of provider and services rendered. This program does not make payments directly to pharmacies. Members are required to pay for all health care services, but can receive a discount from participating pharmacies. For customers in MA, this plan is not health insurance coverage and does not meet minimum credible coverage requirements under MGL c. 111M and 956 CMR 5.00. You may cancel your registration at any time or file a complaint by calling the toll-free customer care number at 1-888-495-3181. The program is administered by MedImpact Healthcare Systems, Inc. The drug formulary is open. Prescription prices may vary from pharmacy to pharmacy and are subject to change. The pricing estimates given are based on the most recent information available and may change based on when you actually fill your prescription at the pharmacy. Average savings of 65%, with potential savings of up to 80% off of the regular retail prices based upon 2019 national program savings data. PROGRAM IS NOT HEALTH INSURANCE OR A MEDICARE PRESCRIPTION DRUG PLAN OR A SUBSTITUTION FOR INSURANCE, and it may not be used in conjunction with any insurance plan or government funded program such as Medicare or Medicaid. Home delivery prescription orders are fulfilled and shipped to you from a United States licensed pharmacy after the pharmacy receives a legally valid written prescription order from you or your prescriber. It is your responsibility to ensure that the home delivery pharmacy receives your prescription order; neither the America's Pharmacy program nor its administrator will send your prescription order to the home delivery pharmacy.

No Health Insurance? You're Not Alone.

Nearly half of all Americans rely on employer-sponsored healthcare insurance.[1] And now sadly, many are without a job and health insurance due to the COVID-19 pandemic of 2020. It is estimated that 7.7 million workers lost employment that provided health insurance as a result of the pandemic-induced recession.[2]

Fortunately, there are ways to reduce your healthcare costs and find coverage if you are unemployed. We've compiled some resources to help you get started as well as some changes to consider in 2021. For questions regarding health insurance, contact services such as USA.gov for assistance.

What's New for Medicaid in 2021

The COVID-19 pandemic has caused job losses, layoffs and furloughs, resulting in an increase of uninsured Americans. Medicaid expansion has increased in most states to help those who are uninsured obtain health coverage for little to no cost with less out-of-pocket expenses, while more children are eligible for the Children's Health Insurance Program (CHIP).

In addition, most states are leveraging Medicaid programs to help people maintain access to health care during the COVID-19 public health crisis. Learn more about the requirements for your state at Medicaid.gov/state-overviews/index.html.

Income and Family Size Qualifications

Most states are expanding coverage and using the First Act Coronavirus Response Act to open eligibility to larger populations including people with disabilities and seniors.

To make enrollment easier, states are accepting self-attestation to streamline enrollment for non-residents or those temporarily living out of state because of the public heath emergency. To determine your eligibility for Medicaid in your state, you can visit your state's Medicaid website.[1] Find yours at Medicaid.gov.

Most consumers will be eligible for Medicaid with up to 138% of the Federal Poverty Level (FPL), which is $17,236 for an individual and $35,535 for a family of four. Family members are considered all members of your household that you would include for tax purposes, including the tax filer, the tax filer's legally married spouse, and any children who are tax dependents.

Visit HealthCare.gov for a complete breakdown of income levels as well as who can be included when applying for Medicaid based on the people in your household.[2]

Home and Community Based Services (HCBS)

Many states are improving access to care by strengthening home and community-based services (HCBS) programs. These programs help customers access care while social distancing by remaining at home for many health services.

These programs help customers access care while social distancing by remaining at home for many health services. These changes are especially important for seniors and people with disabilities and may include home-delivered meals and adaptive technologies.

Some states are implementing expanded access to care through disaster flexibilities (SPAs), and waivers to allow the use of telehealth, increasing quantity limit of certain drugs and other means to help patients navigate through the pandemic while staying safe. For a list of eligible services for your state, visit Medicaid.gov/medicaid/access-care/index.html

Other Eligibility Considerations

Healthcare.gov provides an online form to submit basic information regarding your income, state, and the number of people living in your household. This information will generate a response containing next steps based on if you're eligible, or if you may need to apply based on other factors like disability or family status.[2]

SOURCES

No Health Insurance? You're Not Alone.

1. https://www.kff.org/other/state-indicator/total-population/
2. https://www.upjohn.org/research-highlights/study-finds-77-million-lost-jobs-employer-sponsored-health-insurance-during-covid-pandemic-us

What's New for Medicaid in 2021?

1. https://www.medicaid.gov
2. https://www.healthcare.gov

How to Apply for Medicaid

The first question is: am I eligible to apply for Medicaid? Maybe you never thought about Medicaid before. Maybe you could not imagine being on it. But with the new pandemic crisis, you find yourself without income and without health insurance.

So, what is the first step? Based on income, household size, disability, family status and other factors, there are two options for applying for Medicaid; through the Health Insurance Marketplace and the State Medicaid Agency. Following are the initial steps to help you get started with your application.

Apply through the Health Insurance Marketplace

This is an easy, state-specific way to check if you qualify and to apply for Medicaid.

1. Create a Marketplace account at Healthcare.gov/create-account.
2. Select your state of residence from the drop-down menu.
3. Complete the form to create your account, then you'll be able to view your coverage options.

Apply through Your State Medicaid Agency

Applying directly with your state agency can be just as easy.

1. Visit Medicaid.gov/contact-us.
2. Follow the prompts to apply for benefits in your state or access your state's contact information.

Once you've applied, you'll be notified if you're approved or denied through the Marketplace or by the Medicaid State Agency. If you are not approved, you'll be provided with further instructions to start an application for a private insurance plan.

What is CHIP and How to Apply

Parents should never worry about the possibility of their children not having medical coverage. CHIP is a comprehensive health insurance option for children and teens that may be a good option for your family if Medicaid is not.

What is CHIP?

If your child needs health insurance, children can receive full health care coverage through The Children's Health Insurance Program, or CHIP. While the program is like Medicaid and works with each state's Medicaid program, CHIP is for families who earn above the qualifying income for Medicaid. Depending on what state you live in; CHIP will also provide health insurance for pregnant women.

What does CHIP cover?

CHIP offers coverage for routine check-ups, immunizations, doctor visits, and prescriptions along with free routine "well child" doctor visits and dental appointments. However, copayments may be required for additional services. Dependent on the state you live in, monthly premiums may be required as well. If your children require prescriptions, reduce your medical costs by using an Rx discount card. A Prescription Savings Card is free, and you can save up to 80% on medication for your family.

How do I know if my children qualify for CHIP?

If you've applied and received information regarding your Medicaid qualification, you also received information regarding your children's eligibility for CHIP. If you have not received information or have not applied for Medicaid, you can call **1-800-318-2596.**[1]

To apply for Medicaid, you can fill out a Health Insurance Marketplace application at HealthCare.gov by creating an account or logging into an existing account.[2]

If you qualify for CHIP, your children's health insurance become active immediately. No enrollment period means instant coverage. You can find more information on CHIP in your state by visiting InsureKidsNow.gov.[3]

APPLY ANY TIME

You can apply for and enroll in CHIP at any time of year. There is no limited enrollment period designated and if you qualify, you can start your coverage right away.

SOURCES

Are You Eligible for Medicaid?

1. https://eligibility.com/medicaid/whats-the-income-level-requirement-to-qualify-for-medicaid
2. https://www.healthcare.gov/income-and-household-information/household-size/
3. https://www.healthcare.gov/medicaid-chip/

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3. https://www.healthcare.gov/medicaid-chip/

What is CHIP and How to Apply

1. https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/
2. https://www.healthcare.gov/create-account
3. https://www.insurekidsnow.gov/coverage/index.html

The Affordable Care Act (Obamacare) Marketplace

The Patient Protection and Affordable Care Act, also the Affordable Care Act (ACA), or colloquially known as Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama in March of 2010.

Obamacare takes advantage of a health insurance marketplace for Americans can buy health insurance during open enrollment. If you already have coverage, you must re-enroll to keep the same, and to update your information such as household size or income.

Enroll in or change 2021 Marketplace health insurance right now. The 2021 Open Enrollment Period runs from **Sunday, November 1, 2020 to Tuesday, December 15, 2020**.

Household income of between 100% to 400% of the poverty level often qualify for the premium tax credit, which can lower costs to make insurance more affordable. If you missed the open enrollment period, you may qualify for Special Enrollment, which is an extension to buy health coverage for those who have experienced certain life events. You can select a Bronze, a Silver, a Gold or a Platinum plan. Visit HealthCare.gov to learn more.

What about COVID-19?

Many consumers are experiencing income loss due to the Covid-19 pandemic. For this reason, it is more important than ever to either apply for or update an application for Marketplace health insurance by December 15, 2020. If you miss the December 15 deadline, you may be automatically re-enrolled, however you still must update your income and household information to take advantage of any savings.

Special Enrollment Period

Because of Covid-19, some states have established a Special Enrollment Period of people who have lost their jobs and health insurance. A Special Enrollment Period is the time when you can get health insurance outside of the normal enrollment period.

If you have experienced job loss, income reduction or have been furloughed from your work, the following tips can guide you on your next steps:

If you or a family member lose health coverage through an employer in the past 60 days or you expect to lose coverage in the next 60 days, you may qualify for the Special Enrollment Period so apply for health insurance or Medicaid right away.

If you experienced a wage reduction because your employer reduced the amount of hours you work while you are enrolled in a Marketplace plan, update your application within 30 days to report income changes to see if you qualify for increased savings.

If you were furloughed, you might qualify for a Special Enrollment Period and may be eligible for a tax credit to help you pay for coverage. Enroll or re-enroll to update your income for any tax credits you may qualify for.

If you did not have health coverage through your employer but lost your job, you may not qualify for a Special Enrollment Period. However, you may qualify for Medicaid or the CHIP program at any time of year. Enroll online as soon as your situation changes to see if you qualify.
Go to HealthCare.gov to create and account or update your status for any of the above situations.

COBRA Coverage

If you are enrolled in COBRA continuation coverage, you may qualify for a Special Enrollment Period if your coverage costs change due to a change in employer contributions.

You may also qualify for premium tax credits if you end your COBRA continuation coverage or if you never accepted it. Visit Healthcare.gov/unemployed/cobra-coverage/ for more details.

Other Qualifying Events for Special Enrollment

There are other life events that may trigger the special enrollment period. If you lose your job, get married, divorced or legally separated, have a baby, or adopting a child, or have moved, you might qualify for special enrollment. If your income changes, you might also qualify for the special enrollment period.

Rules for Coronavirus Disease Emergency

If you have coverage through the Marketplace, the rules for emergency treatment remain the same as other viral infections, however you may be entitled to added benefits.

Check with your health insurance provider for specific benefits, and keep in mind they cannot terminate your coverage due to a change in your health status, including diagnosis of COVID-19.

Be sure to update your application for income that is impacted by the pandemic. If you need to visit your doctor, check to see if it's safe to resume in-office visits, or to see if you are eligible for telehealth services.

Low-Cost Health Insurance

The monthly cost of health insurance can be so high, some find themselves paying nearly as much as they would for a luxury car each month. The national average premium is more than $574 per month[1] In this time of pandemic and job loss, you may be wondering if there is a less expensive alternative.

First off, if you're thinking of forgoing your health coverage that is not a good idea. No health coverage can put both your health and finances at risk.

What is the cheapest health insurance?

The cheapest is health insurance is Medicaid. Medicaid is a federal and state funded health insurance program for individuals and families with a low income. You may qualify for Medicaid based on income, household size, disability, family status and other factors. Benefits of Medicaid include coverage for doctor visits, hospital expenses, nursing home and home health care, and Rx expenses.

But to get Medicaid you need to qualify. Even if you have never considered Medicaid before, a loss of income and health insurance might mean that you qualify now. If you think you might qualify, you can find out for sure at HealthCare.gov.[2]

Health Insurance Marketplaces

If you don't qualify for Medicaid, don't worry. Another alternative is purchasing medical benefits through your state health insurance marketplaces[3] that cover all ten essential health benefits including:

- Outpatient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse care
- Rx drugs
- Rehabilitative services
- Laboratory services
- Preventative and wellness services
- Pediatric services

Marketplace health insurance is available to anyone who does not receive healthcare coverage through their employer, or anyone who is unemployed.

Other Options

There may have other options for cheap health insurance available to you as well. But regardless of the plan, you should do the research and understand the plan fully before you sign up.

When deciding if low-cost insurance is best for you, be sure to take into consideration your current medical needs before choosing your health insurance coverage. If you find yourself visiting your family doctor multiple times a year or are using your pharmacy card for essential prescriptions, choose coverage that includes those benefits. Used in tandem with a pharmacy card for discounted prescriptions, low-cost health insurance may put money back into your wallet[4].

Is a Short-Term Policy for Me?

On February 20, 2018, the Trump administration had proposed a plan that would relax regulations on what is called short-term health insurance. One thing to consider is that these policies often do not cover pre-existing conditions (ones that occurred before you purchased the policy), but if you do develop a condition during the term you be covered.

But please remember, short-term policies offer limited benefits compared to the policies that are on the Affordable Care Act state health insurance marketplaces. Limitations might also include mental health, maternity care, and substance abuse. However, they often cost less than comprehensive policies without a subsidy.

Sources:
1.https://www.ncsl.org/research/health/health-insurance-premiums.aspx#2019_rates
2.https://www.healthcare.gov/lower-costs/
3. https://www.healthcare.gov/
4. https://www.americaspharmacy.com/card

Insurance and Medicaid Glossary and Abbreviations

Health Insurance Terms

Allowed Amount
This is the maximum amount on which payment is based for all covered health care services. This might also be called an “eligible expense,” or a “payment allowance" or a "negotiated rate."

Appeal
This is a request you make to your health insurer or health plan to review a decision t has made or a grievance you have again.

Balance Billing
This is when a provider invoices you for the difference between a provider’s charge and an allowed amount. As an example, if a provider’s charge is $200 and the allowed amount is $170, the provider will bill you for the remaining $130.

Co-insurance
This is your portion of the costs of a covered health care service, usually presented as a percent (for example, 18%) of the allowed amount for a service. You then pay the co-insurance plus any deductibles. As an example, if a health insurance allowed amount for a doctor’s office visit is $150 and you have already met your deductible, your co-insurance payment of 18% would be $27. Your health insurance will pay the rest of the allowed amount.

Co-payment
A fixed dollar amount ((an example might be $25) which you would pay for a covered health care service, generally at the time you receive the service. This amount can vary a lot by the type of covered health care service.

Deductible
The dollar amount that you will need to pay for health care services that your health insurance or health plan covers before your health insurance or health plan begins to pay for services. As an example, if your deductible is $3,000, your health plan will not pay anything until you have spent your $3000 deductible for any covered health care services that are subject to the deductible. Please remember that the deductible might not apply to all services.

Durable Medical Equipment (DME)
This refers to equipment and supplies that are ordered by a health care provider to be used every day or for an extended period of time. These might include wheelchairs, oxygen equipment, testing strips for diabetics, or crutches.

Emergency Medical Condition
This is an illness, injury, symptom or existing condition that is so serious that a reasonable person will seek care right away to avoid harm.

Emergency Medical Transportation
Any ambulance service for an emergency medical condition.

Emergency Room Care
Emergency services one receives in an emergency room.

Emergency Services
This is evaluation of an emergency medical condition as well as treatment provided in an effort to prevent the condition from getting worse.

Excluded Services
Health care services that your health insurance or health plan does not cover or pay for.

Health Insurance
This is the name for a contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium that you pay to them.

Home Health Care
Specifically, health care services that a person receives at home.

Hospice Services
A range of Services that is provided to comfort and support people (and their families) during the last stages of a terminal illness.

Hospital Outpatient Care
Care on received from a hospital that that does not require an overnight stay.

In-network Co-insurance
This is the percent (as an example, 25%) that you will pay of the allowed amount for covered health care services to providers who have contracts with your health insurance or health plan. As a rule of thumb, in-network co-insurance is more likely to cost you less than out-of-network co-insurance.

In-network Co-payment
This is a fixed amount (as an example, $20) that you will pay for covered health care services to providers who have contracts with your health insurance or health plan. As a rule of thumb, In-network co-payments are more likely to be less than out-of-network co-payments.

Medically Necessary
These are health care services or supplies that are needed to prevent, diagnose, or treat illnesses, injuries, diseases, conditions and their symptoms. They also must meet accepted standards of medicine.

Network
All the facilities, providers and suppliers with which your health insurer or health plan has contracted to provide health care services.

Non-Preferred Provider
This is a provider who does not have a contract with your health insurer or health plan. With a non-preferred provider you typically will pay more. Remember to check your policy to make sure you can go to all providers who have contracted with your health insurance or health plan. Many health insurance companies or health plans have a "tiered" network that require you pay extra to see some providers.

Out-of-network Co-insurance
This is the percent (as an example, 35%) that you pay of the allowed amount for health care services that are covered to providers who do not currently have a contract with your health insurance or health plan. Out-of-network co-insurance will usually costs you more than in-network co-insurance.

Out-of-network Co-payment
This is a fixed amount (as an example, $35) that you pay for health care services that are covered from providers who do not contract with your health insurance or health plan. Out-of-network copayments are generally higher than in-network co-payments.

Out-of-Pocket Limit
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician Services Plan
This is a benefit that your employer, union or some other sponsoring group provides to you in order to pay for your health care services.

Preauthorization
This is a decision made by your health insurer or health plan about the medical necessity of a health care service, a prescription drug, a treatment plan, or durable medical equipment. It is sometimes called prior authorization, precertification, or prior approval. Your health insurance or health plan might require this preauthorization for specific services before you are able to receive them, with the exception of emergences. Please remember, getting preauthorization is not a promise that your health insurance or plan will cover the cost.

Preferred Provider
This is a provider who has a contracted with your health insurer or plan to provide you with services at a discount. You can check your policy to see if you can see all the preferred providers or if your health insurance or health plan are on a "tiered" network and if you must pay more to see certain providers. Your health insurance or health plan may have preferred providers designated as "participating" providers. Participating providers also have contracts with your health insurer or health plan, but the discount may not be as big, so you may have to pay more.

Premium
The amount you must pay for your health insurance or health plan. This is usually paid monthly, quarterly, or yearly.

Prescription Drug Coverage
This is the part of your health insurance or health plan that helps pay for prescription drugs. Please note that this is not always a part of every health insurance or health plan offering.

Primary Care Physician
A physician -- whether an M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathic Medicine) -- who directly provides to the patient or coordinates a wide range of health care services.

Primary Care Provider
A physician -- whether an M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner, a clinical nurse specialist, or a physician assistant (as allowed under your state law) who provides, coordinates or helps a patient with accessing a wide range of health care services.

Provider
A physician -- whether an M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathic Medicine), a health care professional, or a health care facility that is licensed, certified, or accredited as required by your state law.

Reconstructive Surgery
This is Surgery and follow-up treatments needed to correct or improve any part of the body due to of birth defects, injuries, accidents, or other medical conditions.

Rehabilitation Services
These are health care services that help a patient keep, retrieve, or improve skills and functioning that have been impaired or lost due to sickness, injury, or disability. These services could include physical and occupational therapy, psychiatric rehabilitation services, or speech-language pathology in a variety of inpatient or outpatient settings.

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Specialist
Physician specialists focus on a specific area of medicine or a specific group of patients. They diagnose, manage, prevent or treat certain types of symptoms and/or conditions. A non-physician specialist is a provider with additional training in a specific part of health care.

UCR (Usual, Customary and Reasonable)
The cost of medical service in a geographic area is based on what providers in the area typically charge for the same or similar medical service. UCR is how is often used to determine the allowed cost.

Urgent Care
This is care for an illness, condition, or injury that is serious enough for a reasonable person to seek care immediately, but not so severe as to require a visit to the emergency room.

Common Medicaid Acronyms

AAC	actual acquisition cost
AAP	American Academy of Pediatrics
AAPD	American Academy of Pediatric Dentistry
ABA	applied behavioral analysis
ABP	alternative benefit plan
ACA	Patient Protection and Affordable Care Act
ACAP	Association for Community Affiliated Plans
ACC	accountable care collaborative
ACF	Administration for Children and Families
ACIP	Advisory Committee on Immunization Practices
ACO	accountable care organization
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADD	attention deficit disorder
ADHD	attention deficit hyperactivity disorder
ADLs	activities of daily living
ADT	admission, discharge, transfer
AFCARS	Adoption and Foster Care Analysis Reporting System
AFDC	Aid to Families with Dependent Children
AHA	American Hospital Association

AHCA	American Health Care Association
AHCCCS	Arizona Health Care Cost Containment System Administration (Arizona's Medicaid Agency)
AHRQ	Agency for Health Care Research and Quality
AIDS	acquired immune deficiency syndrome
AMA	American Medical Association
AMP	average manufacturer price
APC	ambulatory payment classification
APRN	advanced practice registered nurse
APS	annual person summary
ARTS	addiction and recovery treatment services
ASAM	American Society of Addiction Medicine
ASC	ambulatory surgical center
ASP	average sales price
ASPE	Assistant Secretary for Planning and Evaluation
AWP	average wholesale price
BBA 97	Balanced Budget Act of 1997
BHH	behavioral health homes
BHO	behavioral health organization
BHP	basic health program
BIP	Balancing Incentive Payments Program
BMI	body mass index
BOE	basis of eligibility
BRFSS	Behavioral Risk Factor Surveillance System
CAH	critical access hospital
CAHMI	Child and Adolescent Health Measurement Initiative
CAHPS	Consumer Assessment of Health Care Providers and Systems
CAPD	continuous ambulatory peritoneal dialysis
CARF	Commission on Accreditation of Rehabilitation Facilities
CARTS	CHIP Annual Reporting Template System
CBO	Congressional Budget Office
CBT	cognitive-behavioral therapy
CCC	Community Care Collaborative
CCCESUN	children with chronic conditions and elevated service use or need
CCIIO	Center for Consumer Information and Insurance Oversight
CCN	CMS certification number
CCO	coordinated care organization
CCPD	continuous cycling peritoneal dialysis
CCR	cost-to-charge ratio
CCW	Chronic Condition Data Warehouse

CDC	U.S. Centers for Disease Control and Prevention
CDL	clinical diagnostic laboratory
CDPS	Chronic Illness and Disability Payment System
CDT	Current Dental Terminology
CF	conversion factor
CHAMP-VA	Civilian Health and Medical Program of the Department of Veterans Affairs
CHIP	State Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Re-Authorization Act
CHNA	community health needs assessment
CIN	client identification number
CLIA	Clinical Laboratory Improvement Amendments of 1988
CMC	comprehensive managed care
CMCS	Center for Medicaid and CHIP Services
CMHC	community mental health center
CMIP	comprehensive Medicaid integrity plan
CMS	Centers for Medicare & Medicaid Services
CNM	certified nurse-midwife
CNOM	costs not otherwise match-able
CNS	clinical nurse specialist
COA	Council on Accreditation of Services for Families and Children
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
CORD	The Childhood Obesity Research Demonstration
CPE	certified public expenditure
CPI	Center for Program Integrity
CPI-U	consumer price index for all urban consumers
CPNP	certified pediatric nurse practitioners
CPS	Current Population Survey
CPT	Current Procedural Terminology. CPT® is a registered trademark of the American Medical Association
CRNA	certified registered nurse anesthetists
CRNP	certified registered nurse practitioner
CRNW	certified registered nurse-midwife
CSHCN	children with special health care needs
CSR	cost-sharing reduction
CT	computerized tomography
CTA	computerized tomography angiography
CY	calendar year
DHCF	Department of Health Care Finance
DHCS	Department of Health Care Services

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CTA	computerized tomography angiography
CY	calendar year
DHCF	Department of Health Care Finance
DHCS	Department of Health Care Services

DHR	Department of Human Resources
DHRM	DSH Health Reform Methodology
DHSS	Department of Health and Social Services
DHW	Department of Health and Welfare
DMAP	Division of Medical Assistance Programs
DMAP	Delaware Medical Assistance Programs
DMAS	Department of Medical Assistance Services
DME	durable medical equipment
DOH	Department of Health
DOJ	U.S. Department of Justice
DRA	Deficit Reduction Act
DRG	diagnosis-related group
DSH	disproportionate share hospital
DSM	Diagnostic and Statistical Manual of Mental Disorders
D-SNP	dual-eligible special needs plan
DSRIP	delivery system reform incentive payment
DSRIP PPS	delivery system reform incentive payment performing provider system
DUR	drug utilization review
DVHA	Department of Vermont Health Access
DxCG	diagnostic cost group risk adjustment model
DYS	Department of Youth Services
E/M	evaluation and management
EAC	estimated acquisition cost
EAPG	enhanced ambulatory patient group
ECP	essential community provider
ED	emergency department
EDZ	economically disadvantaged zone
E-FMAP	enhanced federal medical assistance percentage
EHB	essential health benefit
EHR	electronic health record
EKG	electrocardiogram
ELE	express lane eligibility
EMTALA	Emergency Medical Treatment and Active Labor Act
EPSDT	early and periodic screening, diagnostic, and treatment
EQR	external quality review
EQRO	external quality review organization
ESI	employer-sponsored insurance
ESRD	end-stage renal disease
FACS	Family and Children's Services

DHR	Department of Human Resources
DHRM	DSH Health Reform Methodology
DHSS	Department of Health and Social Services
DHW	Department of Health and Welfare
DMAP	Division of Medical Assistance Programs
DMAP	Delaware Medical Assistance Programs
DMAS	Department of Medical Assistance Services
DME	durable medical equipment
DOH	Department of Health
DOJ	U.S. Department of Justice
DRA	Deficit Reduction Act
DRG	diagnosis-related group
DSH	disproportionate share hospital
DSM	Diagnostic and Statistical Manual of Mental Disorders
D-SNP	dual-eligible special needs plan
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FCA	False Claims Act
FCHCO	Federal Coordinated Health Care Office
FDA	Food and Drug Administration
FERA	Fraud Enforcement and Recovery Act
FFP	federal financial participation
FFS	fee for service
FHIAP	Family Health Insurance Assistance Program
FIDE SNP	fully integrated dual-eligible special needs plan
FMAP	federal medical assistance percentage
FMR	financial management report
FOA	Family Opportunity Act
FPG	federal poverty guidelines
FPL	federal poverty level
FQHC	federally qualified health center
FSSA	Family and Social Services Administration
FUL	federal upper limit
FY	fiscal year (October 1–September 30)
FYE	full-year equivalent
GAO	U.S. Government Accountability Office
GDP	gross domestic product
GME	graduate medical education
GPP	global payment program
HAN	health access network
HBO	hyperbaric oxygen therapy
HCA	health care authority
HCAC	health care-acquired condition
HCBS	home- and community-based services
HCC	hierarchical condition category
HCERA	Health Care and Education Reconciliation Act
HCFA	Health Care Financing Administration
HCFAC	Health Care Fraud and Abuse Control Program
HCPCS	Health Care Common Procedure Coding System
HCPF	health care policy and financing
HCRIS	Health Care Cost Report Information System
HCRP	high-cost risk pool
HCUP	Health Care Cost and Utilization Project
HEAT	Health Care Fraud Prevention and Enforcement Action Team
HEDIS	Health Care Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services

HHSC	Health and Human Services Commission
HIE	health information exchange
HIO	health insuring organization
HIP	Healthy Indiana Program
HIPAA	Health Insurance Portability and Accountability Act
HIT	health information technology
HIU	health insurance unit
HMO	health maintenance organization
HMOA	Health Maintenance Organization Act
HOPD	hospital outpatient department
HP20	Healthy People 2020
HPSA	health professional shortage area
HRA	health risk assessment
HRET	Health Research and Educational Trust
HRMS	Health Reform Monitoring Survey
HRSA	Health Resources and Services Administration
IBNRS	Incurred But Not Reported Survey
ICD	International Classification of Diseases
ICD-10	International Classification of Diseases, 10th Edition
ICF	intermediate care facility
ICF/ID	intermediate care facility for people with intellectual disabilities
ICT	integrated care team
ID/DD	intellectual or developmental disabilities
IDALs	instrumental activities of daily living
IDR	integrated data repository
IGT	intergovernmental transfer
IHCP	Indiana Health Coverage Program
IHI	Institute for Health Care Improvement
IHS	Indian Health Service
IMD	Institutions for Mental Diseases
IME	indirect medical education
IMU	Index of Medical Underservice
IOM	Institute of Medicine
IOP	intensive outpatient program
IPPS	inpatient prospective payment system
IPUMS	Integrated Public Use Microdata Series
IRC	Internal Revenue Code
IRS	Internal Revenue Service
KCMU	Kaiser Commission on Medicaid and the Uninsured

KDHE	Kansas Department of Health and Environment
KFF	Kaiser Family Foundation
LADC	licensed alcohol and drug counselor
LEA	local education agency
LIHP	low-income health program
LINKS	Louisiana Immunization Network for Kids Statewide
LIS	low-income subsidy
LM	licensed midwife
LOC	level of care
LPR	legal permanent resident
LTSS	long-term services and supports
MA	Medicare Advantage
MACBIS	Medicaid and CHIP Business Information Solutions
MACPAC	Medicaid and CHIP Payment and Access Commission
MACRA	Medicare and CHIP Reauthorization Act
MAGI	modified adjusted gross income
MAP	Measure Applications Partnership
MAS	maintenance assistance status
MAT	medication assisted treatment
MAX	Medicaid Analytic Extract
MBES/CBES	Medicaid and CHIP Budget Expenditure System
MBI	Medicaid buy-in
MCCA	Medicare Catastrophic Coverage Act
MCE	Medicaid coverage expansion (or managed care entity)
MCH	maternal and child health
MCHA	maternal and child health access
MCHB	Maternal and Child Health Bureau
MCO	managed care organization
MDCH	Michigan Department of Community Health
MDHHS	Michigan Department of Health and Human Services
MEC	minimum essential coverage
MedPAC	Medicare Payment Advisory Commission
MEMA	member enrollment mix adjustment
MEPS	Medical Expenditure Panel Survey
MEPS-HC	Medical Expenditure Panel Survey–Household Component
MEPS-IC	Medical Expenditure Panel Survey–Insurance Component
MEQS	Medicaid Eligibility Quality Control System
MFCU	Medicaid Fraud Control Unit

MFP	Money Follows the Person
MFSDB	Medicare fee schedule database
MH/SUD	mental health/substance use disorder
MHCP	Minnesota Health Care Program
MHPA	Mental Health Parity Act of 1996
MHPAEA	Mental Health Parity and Addiction Equity Act of 2008
MIC	Medicaid integrity contractor
MIG	Medicaid integrity group
MIHMS	Maine Integrated Health Management Solution
MII	Medicaid Integrity Institute
MIP	Medicaid Integrity Program
MIPPA	Medicare Improvements for Patients and Providers Act
MITA	Medicaid Information Technology Architecture
MLR	medical loss ratio
MLTSS	managed long-term services and supports
MMA	Medicare Modernization Act
MMCDCS	Medicaid Managed Care Data Collection System
MMCO	Medicare-Medicaid Coordination Office
MMIS	Medicaid Management Information Systems
MMLR	minimum medical loss ratio
MMNA	monthly maintenance of need allowance
MMSEA	Medicare, Medicaid, and SCHIP Extension Act of 2007
MOE	maintenance of effort
MOMS	Maternal Opiate Medicine Support Project
MOU	memorandum of understanding
MOUD	medications to treat opioid use disorder
MRA	magnetic resonance angiogram
MRCP	magnetic resonance cholangiopancreatography
MRI	magnetic resonance imaging
MRS	magnetic resonance spectroscopy
MSA	metropolitan statistical area
MSHO	Minnesota Senior Health Options
MSIS	Medicaid Statistical Information System
MSP	Medicare Savings Program
MSTAT	Medicaid State Technical Assistance Teams
MUA	medically underserved area
MUP	medically underserved population
NADAC	National Average Drug Acquisition Cost Survey
NAMCS	National Ambulatory Medical Care Survey

NAMD	National Association of Medicaid Directors
NASBO	National Association of State Budget Officers
NASHP	National Academy of State Health Policy
NASUAD	National Association of States United for Aging and Disabilities
NCANDS	National Child Abuse and Neglect Data System
NCCI	National Correct Coding Initiative
NCHC	North Carolina Health Choice
NCHS	National Center for Health Statistics
NCQA	National Committee for Quality Assurance
NCSL	National Conference of State Legislatures
NDC	National Drug Code
NDDoH	North Dakota Department of Health
NEDS	Nationwide Emergency Department Sample
NEHRS	National Electronic Health Records Survey
NEMT	non-emergency medical transportation
NESCO	New England States Consortium Systems Organization
NF	nursing facility
NFIB	National Federation of Independent Business
NFLOC	nursing facility level of care
NGA	National Governors Association
NHAMCS	National Hospital Ambulatory Care Survey
NHCM	New Hampshire certified midwives
NHE	national health expenditures
NHIS	National Health Interview Survey
NHPF	National Health Policy Forum
NHRA	Nursing Home Reform Act
NHSC	National Health Service Corps
NICU	neonatal intensive care unit
NIDA	National Institute on Drug Abuse
NIPT	Non-Institutional Provider Team
NIRT	National Institutional Reimbursement Team
NIS	nationwide inpatient sample
NPI	national provider identifier
NPPES	National Plan and Provider Enumeration System
NPR	net patient revenue
NQF	National Quality Forum
NSCAW	National Survey of Child and Adolescent Well-Being
NSCH	National Survey of Children's Health
NSCLC	National Senior Citizens Law Center

NSCSHCN	National Survey of Children with Special Health Care Needs
NSDUH	National Survey on Drug Use and Health
NSLP	National School Lunch Program
OACT	Office of the Actuary
OASI	Old-Age and Survivors Insurance Trust Fund
OB-GYN	obstetrician-gynecologist
OBRA	Omnibus Budget Reconciliation Act
ODWCC	outpatient departmental weight cost-to-charge
OE	operating expenses
OFM	Office of Financial Management
OHA	Oregon Health Authority
OHCA	Oklahoma Health Care Authority
OHP	Oregon Health Plan
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPD	outpatient department
OPFS	outpatient prospective fee schedule
OPM	U.S. Office of Personnel Management
OPPC	other provider preventable conditions
OPPS	outpatient prospective payment system
OT	occupational therapy
OTC	over-the-counter
OTP	opioid treatment program
P4P	pay for performance
PA	physician assistant
PAAS	Physician Assured Access System
PACE	Program of All-inclusive Care for the Elderly
PAHP	prepaid ambulatory health plans
PAPE	payment amount per episode
PBFQHC	provider-based federally qualified health center
PBM	pharmacy benefit manager
PBRHC	provider-based rural health clinic
PCA	personal care attendant
PCC	primary care clinician
PCCM	primary care case management
PCMH	patient-centered medical home
PCP	primary care provider
PCPCH	patient-centered primary care home
PCPCP	primary care partial capitation provider

PCRI	primary care rate increase
PDL	preferred drug list
PDMP	prescription drug monitoring program
PERM	Payment Error Rate Measurement Program
PET	positron emission tomography
PHAB	Public Health Accreditation Board
PHP	prepaid health plan
PHUP	Partial Hospitalization Units Program
PI	program integrity
PIHP	prepaid inpatient health plan
PMH	pregnancy medical home
PMP	primary medical provider
PMPM	per member per month
PMPY	per member per year
PNA	personal needs allowance
POPS	Pharmacy On-Line Processing System
POS	point of service
PPAC	Preferred Physicians and Children Program
PPC	provider preventable conditions
PPO	preferred provider organization
PPS	prospective payment system
PQMP	Pediatric Quality Measures Program
ProPAC	Prospective Payment Access Commission
PRR	patient review and restriction programs
PT	physical therapy
QDWI	qualifying disabled and working individual
QHP	qualified health plan
QI	qualifying individual
QMB	qualified Medicare beneficiary
RAC	recovery audit contract
RBRVS	resource-based relative value scale
RBRVU	resource-based relative value units
RCCO	regional care collaborative organizations
RDU	renal dialysis units
RFI	request for information
RFP	request for proposal
RHC	rural health clinic
RNFA	registered nurse first assistants
RPICC	regional perinatal intensive care centers

RVU	relative value unit
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHC	school-based health center
SBIRT	screening, brief intervention and referral to treatment
SCDHHS	South Carolina Department of Health and Human Services
SCH	sole community hospital
SCO	senior care options
SDMI	severe disabling mental illness
SED	severe (or serious) emotional disturbance
SEDD	state emergency department database
SEDS	Statistical Enrollment Data System
SFY	state fiscal year (July 1–June 30)
SGA	substantial gainful activity
SHADAC	State Health Access Data Assistance Center
SHIP	State Health Insurance Assistance Programs
SHOPP	Supplemental Hospital Offset Payment Program
SI	status indicator
SIL	special income level
SIM	state innovation models
SIPP	Survey of Income and Program Participation
SLMB	specified low-income Medicare beneficiary
SLP	speech and language pathology
SMAC	state maximum allowable cost
SMD	state Medicaid director
SMI	serious mental illness
SNAP	Supplemental Nutrition Assistance Program
SNF	skilled nursing facility
SNP	special needs plan
SOTA	State Operations and Technical Assistance Initiative
SPA	state plan amendment
SPMI	serious persistent mental illness
SPRY	state plan rate year
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
ST	speech therapy
SUD	substance use disorder
TANF	Temporary Assistance for Needy Families

TAR	treatment authorization request
TBI/SCI	traumatic brain or spinal cord injury
TEACH	Training and Education for the Advancement of Children's Health Program
TEFRA	Tax Equity and Fiscal Responsibility Act
TEFT	Testing Experiences and Functional Tools Demonstration
TMA	transitional medical assistance
TMPPM	Texas Medicaid Provider Procedures Manual
T-MSIS	Transformed Medicaid Statistical Information System
TPL	third party liability
TTWIIA	Ticket to Work and Work Incentives Improvement Act
U&C	usual and customary
UC	uncompensated care
UCC	uncompensated care cost
UCR	usual and customary rate
UDS	uniform data system
UPL	upper payment limit
URA	unit rebate amount
USC	usual source of care
USPSTF	U.S. Preventive Services Task Force
VA	U.S. Department of Veterans Affairs
VFC	Vaccines for Children program
WAC	wholesale acquisition cost
WCC	weighted cost-to-charge
WDI	working disabled individual
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
ZPIC	Zone Program Integrity Contractor