

Glossary of Health Care Terms



2009



Ohio Hospital Association

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PCF	patient compensation fund	TANF	Temporary Assistance for Needy Families
PCRN	palliative care resource nurse	TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
PHO	physician-hospital organization	TPA	third party administrator
PMPM	per member per month	TPA	tissue plasminogen activator
POA	present on admission	UAN	United American Nurses
POS	point-of-service	UB-92	Uniform Billing Code of 1992
PPAC	Practicing Physicians Advisory Council	UCR	usual, customary and reasonable charges
PPO	preferred provider organization	UNOS	United Network for Organ Sharing
PPS	prospective payment system	UR	utilization review
PRN	Physicians for Responsible Negotiation	URAC	see <i>AAHC</i>
PRO	peer review organization	USDOL	U.S. Department of Labor
PSO	patient safety organization	USP	United States Pharmacopeia
PSO	provider-sponsored organization	VA	Veterans Administration
PT	physical therapy/therapist	VHA	Voluntary Hospitals of America
PUCO	Public Utilities Commission of Ohio	VRI	video relay interpreting
QA	quality assurance	WHO	World Health Organization
QIO	quality improvement organization	WIA	Workforce Investment Act
QM	quality management		
RAC	Recovery Audit Contractor		
RBRVS	Resource-Based Relative Value Scale		
RCA	root cause analysis		
RDRG	refined diagnosis related group		
REF	Research and Educational Foundation		
RFA	Regulatory Flexibility Act		
RFP	request for proposal		
RHC	rural health clinic		
RN	registered nurse		
RPCH	rural primary care hospital		
SB	Senate Bill		
SCHIP	State Children's Health Insurance Program		
SDP	sponsored deductible program		
SEIU	Service Employees International Union		
SFY	state fiscal year		
SHIP	Small Hospital Improvement Program		
SIDS	sudden infant death syndrome		
SNF	skilled nursing facility		
SOHA	Society of Ohio Healthcare Attorneys		
SOOHP	Society of Ohio Occupational Health Professionals		
SSI	Supplemental Security Income		

acronyms

NCCMERP	National Coordinating Council for Medication Error Reporting and Prevention	OMB	U.S. Office of Management and Budget
NCHS	National Center for Health Statistics	ONA	Ohio Nurses Association
NCHSR	National Center for Health Services Research	ONPR	Ohio Network for Physician Recruiters
NCQA	National Committee for Quality Assurance	OOA	Ohio Osteopathic Association
NCVHS	National Committee on Vital and Health Statistics	OONE	Ohio Organization for Nurse Executives
NIH	National Institutes of Health	OPEP	Ohio Physicians Effectiveness Program
NIMS	National Incident Management System	OPO	organ procurement organization
NIOSH	National Institute for Occupational Safety and Health	OPPS	outpatient prospective payment system
NHPCO	National Hospice & Palliative Care Organization	OPSI	Ohio Patient Safety Institute
NFPA	National Fire Protection Association	OQCCF	Ohio Quality Cardiac Care Foundation
NP	nurse practitioner	OR	operating room
NPSF	National Patient Safety Foundation	ORC	Ohio Revised Code
NPSP	National Patient Safety Partnership	OSAE	Ohio Society of Association Executives
NQF	National Quality Forum	OSBA	Ohio State Bar Association
NRC	Nuclear Regulatory Commission	OSBF	Ohio State Bar Foundation
OAC	Ohio Administrative Code	OSDVS	Ohio Society of Directors of Volunteer Services
OAMSS	Ohio Association of Medical Staff Services	OSHA	Occupational Safety and Health Administration
OASIS	outcome and assessment information set	OSHCA	Ohio Society for Healthcare Consumer Advocacy
OB-GYN	obstetrics and gynecology	OSHEA	Ohio Society of Health Care Executive Assistants
OBM	Ohio Office of Budget and Management	OSHFM	Ohio Society for Healthcare Facilities Management
OBN	Ohio Board of Nursing	OSHHRA	Ohio Society of Hospital Human Resources Administrators
OBRA	Omnibus Budget Reconciliation Act	OSHPM	Ohio Society for Hospital Planning and Marketing
OCISS	Ohio Cancer Incidence Surveillance System	OSHRM	Ohio Society for Healthcare Risk Managers
OCHA	Ohio Children's Hospital Association	OSHSW	Ohio Society for Healthcare Social Workers
ODA	Ohio Department of Aging	OSMA	Ohio State Medical Association
ODADAS	Ohio Department of Alcohol and Drug Addiction Services	OSMB	Ohio State Medical Board
ODH	Ohio Department of Health	OSPS	Ohio Society for Physician Services
ODI	Ohio Department of Insurance	OSRC	Ohio Society for Respiratory Care
ODJFS	Ohio Department of Job and Family Services	OT	occupational therapy/therapist
ODMH	Ohio Department of Mental Health	OTR	Ohio Trauma Registry
OHA	Ohio Hospital Association	OWF	Ohio Works First
OHAIS	OHA Insurance Solutions	P2U	Pollution Prevention University
OHIC	Ohio Hospital Insurance Company	PA	physician's assistant
OHPCO	Ohio Hospice and Palliative Care Organization	PAC	political action committee
OIG	U.S. Office of the Inspector General	PAHPA	Pandemic and All-Hazards Preparedness Act
OIGA	Ohio Insurance Guaranty Association	PAT	pre-admission testing

The Ohio Hospital Association's *Glossary of Health Care Terms* provides a brief, easy-to-use and easy-to-understand list of health care and legislative terms that can help those in health care, as well as the community at large, better comprehend the evolving health care delivery system.

The glossary is organized alphabetically with acronyms following terms and organizations that are often referred to by acronyms. Web sites are provided for several agencies and organizations following the terms' definition. The Web sites, including the OHA Web site, provide additional information on the term or organization.

At the end of the glossary, please find a comprehensive list of acronyms to help sort through the health care alphabet soup.

The glossary is also available online at www.ohanet.org.

If you would like to recommend additions to the OHA glossary, send them to Katie Taybus (katielt@ohanet.org) in the Public Affairs Department for consideration in future editions. For additional copies of the glossary, please contact Paula King (paulak@ohanet.org) in the Mailing Services Department. Suggestions and requests may also be mailed to:

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access	A patient's ability to obtain medical care. The ease of access is determined by components such as the availability of medical services and their acceptability to the patient, availability of insurance, the location of health care facilities, transportation, hours of operation, affordability and cost of care.
accreditation	Approval by an authorizing agency for institutions and programs that meet or exceed a set of predetermined standards.
activities of daily living (ADLs)	Activities performed as part of a person's daily routine of self-care such as bathing, dressing, toileting and eating.
acute care	Hospital care given to patients who generally require a stay of several days that focuses on a physical or mental condition requiring immediate intervention and constant medical attention, equipment and personnel.
AdminaStar Federal	Ohio's Medicare Part A fiscal intermediary. www.adminastar.com
administrative costs	Costs related to activities such as utilization review, marketing, medical underwriting, commissions, premium collections, claims processing, insurer profit, quality assurance and risk management for purposes of insurance.
advance directive	A document that patients complete to direct their medical care when they are unable to communicate their own wishes due to a medical condition. In Ohio, do not resuscitate orders, living wills, organ donation and durable powers of attorney are advance directives that are authorized by state law. (see <i>do not resuscitate, durable power of attorney and living will</i>) www.ohanet.org

advanced practice nurse (APN)	A registered nurse who is approved by the Board of Nursing to practice nursing in a specified area of advanced nursing practice. APN is an umbrella term given to a registered nurse who has met advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all RNs. There are four types: 1) certified registered nurse anesthetist (CRNA); 2) clinical nurse specialist (CNS); 3) certified nurse practitioner (CNP); and 4), certified nurse midwife (CNM).
adverse drug event (ADE)	Any incident in which the use of medication (drug or biologic) at any dose, a medical device, or a special nutritional product may have resulted in an adverse outcome in a patient.
adverse event	An injury resulting from a medical intervention that is not due to the underlying condition of the patient.
adverse selection	Among applicants for a given group or individual health insurance program, the tendency for those with an impaired health status, or those who are prone to higher-than-average utilization of benefits, to be enrolled in disproportionate numbers in lower deductible plans.
aftercare	Services following hospitalization or rehabilitation, individualized for each patient's needs. Aftercare gradually phases the patient out of treatment while providing follow-up attention to prevent relapse.
Agency for Healthcare Research and Quality (AHRQ)	A federal agency within the Public Health Service responsible for research on quality, appropriateness and cost of health care. AHRQ also centralizes access to state inpatient data. www.ahrq.gov

GA	general assistance
GAO	General Accounting Office
GCHC	Greater Cincinnati Health Council
GDAHA	Greater Dayton Area Hospital Association
GME	graduate medical education
H2E	Hospitals for a Healthy Environment
HAI	hospital acquired infection
HB	House Bill
HCAP	Hospital Care Assurance Program
HCNO	Hospital Council of Northwest Ohio
HEDIS	health employer data information set
HFCA	Health Care Finance Administration
HFMA	Healthcare Financial Management Association
HFO	Health Forum of Ohio
HHA	home health agency
HHS	U.S. Department of Health and Human Services
HIAA	Health Insurance Association of America
HIC	health insuring corporation
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPC	Health Information Policy Council
HIV	Human Immunodeficiency Virus
HMO	health maintenance organization
HOSPAC	Hospital Political Action Committee
HPP	Health Partnership Program
HPSA	health professional shortage area
HR	House Resolution
HRA	health risk appraisal or assessment
HSA	health service agency
HVSO	Hospital Volunteer Services Organization
ICD-9-CM	International Classification of Diseases, 9th Revision
ICD-10-PCS	International Classification of Diseases 10th Revision, and Procedure Coding System
ICU	intensive care unit
IHI	Institute for Healthcare Improvement
IO	intermediary organization
IOM	Institute of Medicine
IPA	independent practice association model

IPPS	inpatient prospective payment system
IRF	inpatient rehabilitation facility
ISMP	Institute for Safe Medication Practices
JCARR	Joint Committee on Agency Rule Review
JCR	Joint Commission Resources
LBO	Legislative Budget Office
LISW	licensed independent social worker
LMRP	local medical review policy
LOS	length of stay
LPN	licensed practical nurse
LSC	Legislative Services Commission
LSW	licensed social worker
LTC	long-term care
LTCF	long-term care facility
LTCH/ LTACH	long-term care hospital
LTH	long-term hospital
MAC	Medicare Administrative Contractor
MCAC	Medical Care Advisory Committee
MCO	managed care organization
MD	medical doctor
MDC	major diagnostic category
MDH	Medicare-dependent hospital
MedPAC	Medicare Payment Advisory Commission
MedPAR	Medicare Provider Analysis and Review File
MEI	Medicare Economic Index
MFN	most-favored-nation clause
MOO	Medical Opportunities in Ohio
MR/DD	Ohio Department of Mental Retardation and Developmental Disabilities
MRI	magnetic resonance imaging
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MSA	medical savings account
MSN	master of science in nursing
NAEHCA	National Association of Employers on Health Care Action
NAIC	National Association of Insurance Commissioners
NBRC	National Board for Respiratory Care
NBME	National Board of Medical Examiners

acronyms

BWC Bureau of Workers' Compensation

CABG coronary artery bypass graft

CAH critical access hospital

CAO chief administrative officer

CAP capitation

CAP OHA Committee on Advocacy and Policy

CARE Core Analysis Research Evolution

CAT computerized axial tomography

CBO U.S. Congressional Budget Office

CCD Community Centers for the Deaf

CCI Correct Coding Initiative

CCU coronary care unit

CDC Centers for Disease Control and Prevention

C. diff *Clostridium difficile*

CE continuing education

CEO chief executive officer

CEU continuing education unit

CFO chief financial officer

CFR Code of Federal Regulations

CHA Center for Health Affairs

CHAMPUS Civilian Health and Medical Program of the Uniformed Services

CHAP Community Health Accreditation Program

CHIN Community Health Information Network

CHIP Children's Health Insurance Program

CHIPPS Children's Health Insurance Project on Hospice/Palliative Care Services

CHPN certified hospice and palliative care nurse

CHPO Community Health Plans of Ohio

CLIA Clinical Laboratory Improvement Amendments

CME continuing medical education

CMS Centers for Medicare & Medicaid Services

CNA California Nurses Association

CNE continuing nursing education

CNM certified nurse-midwife

CNP certified nurse practitioner

CNS clinical nurse specialist

COBRA Consolidated Omnibus Budget Reconciliation Act

COHC Central Ohio Hospital Council

CON certificate of need

COO chief operating officer

COPD chronic obstructive pulmonary disease

CPHA Commission on Professional and Hospital Activities

CPI consumer price index

CRNA certified registered nurse anesthetist

CSR Continuous Service Readiness Program

DA disability assistance

DME durable medical equipment

DNR do not resuscitate

DO doctor of osteopathy

DOJ Department of Justice

DRG diagnostic related group

DSH disproportionate share hospital

EACH essential access community hospital

ED emergency department

EDI electronic data interchange

EKG electrocardiogram

EMS emergency medical services

EMT emergency medical technician

EMTALA Emergency Medical Treatment and Active Labor Act

EOL end-of-life

EPA Environmental Protection Agency

ER emergency room

ERISA Employee Retirement Income Security Act

FACHE Fellow of American College of Healthcare Executives

FAH Federation of American Hospitals

FDA U.S. Food and Drug Administration

FDO formula-driven overpayment

FFP federal financial participation

FFY federal fiscal year

FHA Farmers Home Administration

FI fiscal intermediary

FLEX Rural Hospital Flexibility Program

FMAP federal medical assistance percentage

FOIA Freedom of Information Act

FQHC federally qualified health center

FTC Federal Trade Commission

FTE full-time equivalent

FY fiscal year

Akron Regional Hospital Association (ARHA) A regional allied association representing hospitals and health systems in the Akron, Ohio, region. www.arha.org

allied health personnel Specially trained and often licensed health workers other than physicians, dentists, optometrists, chiropractors, podiatrists and nurses. The term is sometimes used synonymously with paramedical personnel, which are all health workers who perform tasks that must otherwise be performed by a physician, or health workers who do not usually engage in independent practice.

allopathic One of two schools of medicine that treat disease by inducing effects opposite to those produced by the disease. The other school of medicine is osteopathic.

allowable costs Charges for services rendered or supplies furnished by a health provider that qualify as covered expenses for insurance purposes.

alternative delivery An alternative to traditional inpatient care system such as ambulatory care, home health care and same-day surgery.

alternative medicine Treatment procedures that are not a usual component of mainstream medicine, often due to lack of supporting experimental data.

Am. Amended. A designation sometimes found before an Ohio House or Senate bill number showing that formal changes have been made to an introduced piece of legislation during the legislative process.

ambulance restocking The practice of a hospital replenishing certain drugs and supplies used by an ambulance service during transport of a patient to the hospital.

ambulatory care Care given to patients who do not require overnight hospitalization.

ambulatory patient group (APG) The Medicare program's prospective payment system for outpatient services and procedures. Each APG is a classified medical service or procedure. Unlike diagnosis related group (DRG) reimbursement for inpatient care, where medical events are condensed into one diagnostic related group, an outpatient visit can combine several different APGs.

ambulatory payment Classification (APC) Used as a basis for reimbursement under the Medicare outpatient prospective payment system (OPPS).

ambulatory setting An institutional health setting in which organized health services are provided on an outpatient basis, such as a surgery center, clinic or other outpatient facility. Ambulatory care settings also may be mobile units of service (e.g., mobile mammography, MRI).

ambulatory surgical facility *see freestanding outpatient surgical center*

American Accreditation Healthcare Commission (AAHC) An independent not-for-profit corporation that develops national standards for utilization review and managed care organizations. www.urac.org

American College of Healthcare Executives (ACHE) An international professional society of nearly 30,000 health care executives based in Chicago. www.ache.org

American Health Care Association (AHCA) A trade association representing for-profit nursing homes and long-term care facilities in the U.S. based in Washington, D.C. www.ahca.org

American Hospital Association (AHA)	A national association that represents allopathic and osteopathic hospitals in the U.S. AHA is based in Washington, D.C., with operational offices in Chicago. www.aha.org
American Medical Association (AMA)	A national association, organized into local and regional societies that represents over 700,000 medical doctors in the United States. AMA is based in Chicago. www.ama-assn.org
American Osteopathic Association (AOA)	A national association organized into local and regional societies that represents over 43,000 osteopathic physicians in the United States. AOA is based in Chicago and also provides accreditation for hospitals and colleges of osteopathic medicine. www.osteopathic.org
American Society for Clinical Laboratory Science (ASCLS)	An organization for clinical laboratory science practitioners, providing leadership and promoting all aspects of clinical laboratory science practice, education and management to ensure cost-effective laboratory services for health care consumers. www.ascls.org
American Society for Clinical Pathology (ASCP)	A national resource for the enhancement of the quality of the practice of pathology and laboratory medicine. www.ascp.org
Americans with Disabilities Act (ADA)	A federal law that prohibits employers of more than 25 employees from discriminating against any individual with a disability who can perform the essential functions, with or without accommodations, of the job that the individual holds or wants. www.usdoj.gov/crt/ada/adahom1.htm
ancillary	A term used to describe additional services performed related to care, such as lab work, X-ray and anesthesia.

Annual Hospital Registration and Planning Report	An annual report of health care statistics that hospitals are required by law to file with the Ohio Department of Health.
anti-kickback statute	A federal law that prohibits the paying or receiving of remuneration in exchange for the referral of patients or business paid by a federal health care program.
antitrust	A situation in which a single entity, such as an integrated delivery system, controls enough of the practices in any one specialty in a relevant market to have monopoly power (e.g., the power to increase prices).
any willing provider	A term used to describe legislation requiring a health plan to accept on its provider panels every physician, hospital or other practitioner that wants to participate in the health plan's products.
approved health care facility or program	A facility or program that is licensed, certified or otherwise authorized pursuant to the laws of the state to provide health care and that is approved by a health plan to provide the care described in a contract.
associate degree in nursing (ADN)	A degree received after completing a two-year nursing education program at a college or university that qualifies a nurse to take a national licensing exam (NCLEX) to become a registered nurse.
Attorney General	Chief law enforcement officer of a state, responsible for advising state or nation of legal matters.
average adjusted per capita cost (AAPCC)	Payment rates used by the Centers for Medicare & Medicaid Services to reimburse managed care organizations for care delivered to Medicare enrollees.

weapon of mass destruction	Weapons capable of inflicting mass casualties and destruction; including nuclear, biological and chemical weapons or the means to deliver them.
well-baby care	Services provided in the first year of a newborn's life to identify, treat and prevent health care problems.

Acronyms

AA	anesthesiologist assistant
AAHC	American Accreditation Healthcare Commission
AAHP	American Association of Health Plans
AAMC	Association of American Medical Colleges
AAPCC	average adjusted per capita cost
AARC	American Association of Respiratory Care
ACC	American College of Cardiology
ACHE	American College of Healthcare Executives
ACS	American College of Surgeons
ADA	Americans with Disabilities Act
ADC or AFDC	Aid to Families with Dependent Children
ADL	activities of daily living
ADN	associate degree in nursing
AG	attorney general
AHA	American Heart Association
AHA	American Hospital Association
AHCA	American Health Care Association
AHCPR	Agency for Health Care Policy and Research
AHRQ	Agency for Healthcare Research and Quality
AIDS	acquired immunodeficiency syndrome
ALOS	average length of stay
AMA	American Medical Association
AMI	acute myocardial infarction (heart attack)
APC	ambulatory payment classification
APG	ambulatory patient group
APN	advanced practice nurse
AOA	American Osteopathic Association
AONE	American Organization of Nurse Executives
AOPHA	Association of Ohio Philanthropic Homes, Housing and Services for the Aging
ARHA	Akron Regional Hospital Association
ASAE	American Society of Association Executives
ASC	ambulatory surgical center
ASPR	Office of the Assistant Secretary for Preparedness and Response
BBA	Balanced Budget Act of 1997
BBRA	Balanced Budget Refinement Act of 1999
BC/BS	Blue Cross and Blue Shield Association
BIPA	Benefits Improvement and Protection Act of 2000
BSN	bachelor of science in nursing

underinsured	With respect to health insurance, people who lack sufficient health coverage, which may affect their ability to access or pay for needed health services.
uninsured	With respect to health insurance, people who lack health insurance of any kind.
United American Nurses (UAN)	A national labor entity housed within the American Nurses Association. Members include state nurses associations with collective bargaining programs (e.g., the Ohio Nurses Association). www.nursingworld.org/uan/
unpreventable adverse event	An adverse event resulting from a complication that cannot be prevented given the current state of knowledge.
urgent care	see <i>freestanding emergency medical service center</i>
U.S. Department of Health and Human Services (HHS)	A department within the executive branch of the federal government responsible for Social Security and federal health programs in the civilian sector. www.os.dhhs.gov
U.S. House Committee on Energy and Commerce	A congressional committee whose primary jurisdiction includes many health care-related issues, such as public health, patient protection, food and drug safety and oversight of Medicaid and other HHS programs. http://energycommerce.house.gov
U.S. House Committee on Ways and Means	A congressional committee with primary oversight of Medicare, Social Security and other public welfare programs. Also responsible for legislation concerning taxes, bonded debt and tariffs. http://waysandmeans.house.gov

U.S. Senate Committee on Finance	A congressional committee dealing with Medicare, Medicaid, federal bonds, the customs service and related issues, public moneys, revenue sharing, health programs funded by specific taxes, national social security and general revenue matters. Members of this committee have significant influence over the development of federal health care policy and funding. http://finance.senate.gov
U.S. Senate Committee on Health, Education, Labor and Pensions (HELP)	A congressional committee whose primary jurisdiction includes many hospital- and health care-related issues, including public health, labor policies, workplace safety, care for children and the elderly, biomedical research and social welfare programs. http://help.senate.gov/index.html
usual, customary and reasonable charges (UCR)	Charges for health care services in a geographical area that are consistent with the charges of identical or similar providers in the same geographic area.
utilization	The patterns of use of a service or type of service within a specified time, usually expressed in a rate per unit of population-at-risk for a given period (e.g., the number of hospital admissions per year per 1,000 persons in a geographic area).
utilization review (UR)	An evaluation of the necessity and appropriateness of the use of health care services, procedures and facilities.
Veterans' Administration (VA)	A federal agency responsible for veterans including VA hospitals and veterans' benefits. www.va.gov
wage index	A factor used to adjust the base Medicare reimbursement rates for an area to account for geographic differences in wages paid to health care workers. Some argue that such differences no longer exist and that the wage index formula should be changed or eliminated.

average length of stay (ALOS)	A standard hospital statistic used to determine the average amount of time between admission and departure for patients in a diagnosis related group, an age group, a specific hospital or other factors.
bachelor of science in nursing (BSN)	A degree received after completing a four-year college or university program that qualifies a graduate nurse to take a national licensing exam (NCLEX) to become a registered nurse.
bad debt	Results when patients do not pay bills for which payment was expected. It occurs for a variety of reasons, such as when uninsured patients have incomes above the guidelines for charity care, but still cannot afford the cost of their care.
balance billing	A provider's billing of a covered person directly for charges above the amount reimbursed by the health plan. This may or may not be allowed, depending upon the contractual arrangements between the parties.
Balanced Budget Act of 1997 (BBA)	A federal law enacted by Congress that makes numerous changes to various titles of the Social Security Act, contains significant changes to the Medicare and Medicaid programs, and creates a new Title XXI, the State Children's Health Insurance Program (CHIP). Payment reductions and other changes enacted under the BBA likely will continue to be the focus of advocacy efforts for hospitals and other providers throughout the early 21 st century.
Balanced Budget Refinement Act of 1999 (BBRA)	A federal law enacted by Congress that restores an estimated \$17 billion to the Medicare program. The law provides relief for hospitals, and includes special packages for rural and teaching hospitals, nursing homes and home health agencies.
behavioral health care	Mental health services, including services for alcohol and substance abuse.

benchmarking	A method of comparing the procedures and results of a process, system or operation under study with a similar process, system or operation under study that is generally recognized as outstanding.
beneficiary	A person designated by an insuring organization as eligible to receive insurance benefits.
Benefits Improvement and Protection Act of 2000 (BIPA)	A federal law enacted by Congress that, among other provisions, restores an estimated \$11.5 billion over five years to hospitals under Medicare, Medicaid and other federal and state health care programs.
bioterrorism planning regions	Ohio is divided into seven regions to promote regional bioterrorism planning between hospitals, public health and all responding agencies to a terrorist event.
Blue Cross and Blue Shield Association (BC/BS)	An organization that offers information, consultation, representation and operational services for the Blue Cross and Blue Shield plan members across the country for purposes of providing insurance benefits. www.bluecares.com
board certified	A clinician who has passed the national examination in a particular field. Board certification is available for most physician specialties, as well as for many allied medical professions.
boutique hospital	see <i>specialty hospital</i>
Bureau of Workers' Compensation (BWC)	The state-operated insurance system that pays medical and lost wage benefits to workers who are injured on the job. www.ohiobwc.com

capitation (CAP)	A stipulated dollar amount established to cover the cost of health care delivered for a person or group of persons. The term usually refers to a negotiated per capita rate to be paid periodically, usually monthly, to a health care provider. The provider is responsible for delivering or arranging for the delivery of all health services required by the covered person(s) under the conditions of the contract.
captive insurance company	A wholly owned subsidiary of a business or other legal entity, including a group of hospitals or trade associations that is formed to insure risk. A captive can be used as a form of self-insurance with the formalities of an insurance company.
careLearning	An online education service of more than 40 state hospital associations along with the American Hospital Association, for the purpose of delivering more cost-effective education to hospitals. www.carelearning.com
CARE System	The Core Analysis Research Evolution (CARE) System is a set of process measures used for quality improvement. The system meets Joint Commission and CMS core measurement requirements.
carrier	The Medicare Part B claims processing contractor.
case manager	A health care professional who monitors the allocation and coordination of a patient's overall care.
case mix index	A measure of relative severity of medical conditions of a hospital's patients.
Center for Health Affairs (CHA)	A regional allied association representing hospitals and health systems in Northeast Ohio. www.chanet.org

Centers for Disease Control and Prevention (CDC)	An agency within the U.S. Department of Health and Human Services that serves as the central point for consolidation of disease control data, health promotion and public health programs. www.cdc.gov
Centers for Medicare & Medicaid Services (CMS)	An agency within the U.S. Department of Health and Human Services responsible for the administration of the Medicare and Medicaid programs. Formerly called the Health Care Financing Administration. www.cms.gov
Central Ohio Hospital Council (COHC)	A regional allied association representing hospitals and health systems in central Ohio. www.centralohiohospitals.org
certificate of need (CON)	A designation that hospitals had to obtain from the Ohio Department of Health to authorize an activity such as constructing or modifying hospitals, purchasing certain medical equipment or providing new health care services. This process was gradually phased out for most acute care hospital activities from 1995 through 1998 and replaced with quality standards.
charity care	Health care provided at a substantial discount to those unable to pay. Hospitals either do not attempt to collect a portion of charges or agree to write off charges. Eligibility is sometimes determined from a sliding scale based on a percentage of the patient's income above the federal poverty level.
Children's Health Insurance Program (CHIP)	A state-administered program funded partly by the federal government that allows states to expand health coverage to uninsured, low-income children not eligible for Medicaid. (see <i>State Children's Health Insurance Program (SCHIP)</i>). www.cms.hhs.gov/home/schip.asp

teaching hospital	A hospital that has an accredited medical residency training program and is typically affiliated with a medical school.
telemedicine	Health care consultation and education using telecommunication networks to transmit information.
term limits	A mechanism to limit the amount of time an elected official can serve office. Effective in Ohio in 2001, House members are limited to four 2-year terms, and state senators are limited to two 4-year terms. Term limits do not apply to members of Congress.
tertiary care	Highly specialized care given to patients who are in danger of disability or death.
third-party administrator (TPA)	A person or organization that manages the payment, processing and settlement of life, health, dental, disability, workers' compensation, liability, property or other types of self-insured insurance claims for another person or organization.
TITLE XVIII	A section of the U.S. Social Security Act that authorizes and details the parameters of the Medicare program.
TITLE XIX	A section of the U.S. Social Security Act that authorizes and details the parameters of the Medicaid program.
TITLE XXI	A section of the U.S. Social Security Act that establishes the Children's Health Insurance Program (CHIP).
tort	A negligent or intentional civil wrong not arising out of a contract or statute that injures someone in some way, and for which the injured person may sue the wrongdoer for damages.
total margin	The ratio of total revenue to total costs or expenses, including non-patient care (e.g., parking lots).

transparency	A movement toward providing more information to the public on hospital operation costs and quality.
trauma center	Any hospital verified by the American College of Surgeons as a level I, II, or III trauma center or a level II pediatric trauma center designated by the Ohio Department of Health.
triage	The process by which patients are sorted or classified according to the type and urgency of their conditions.
Tricare	A regionally managed health care program for active duty and retired members of the uniformed services and their families; created by the Department of Defense. (see <i>Civilian Health and Medical Program of the Uniformed Services</i>) www.tricare.osd.mil
UB-04	The revised universal institutional health insurance data set and data form. www.nubc.org
uncompensated care	Health care services received, but not fully paid for, either out-of-pocket by individuals or by an insurance provider.
underinsured	People with some type of health insurance, but not enough to cover all of their health care needs.
underlying cause	The most fundamental reason for the failure or inefficiency of a process. Also called root cause.
uniform hospital discharge data set	A defined set of data that gives a minimum description of a hospital discharge. It includes data on age, sex, race, residence of patient, length of stay, diagnosis, physicians, procedures, disposition of the patient and sources of payment.

Social Security Administration	The administrative branch of the federal government established in 1935 to provide old age and survivor benefits. www.ssa.gov
staff model HMO	An HMO that delivers health services through a group in which physicians are salaried employees who treat HMO members exclusively.
Stark	The commonly used name for federal laws and regulations that ban physician referral to entities with which the physician has a financial relationship. Named for U.S. Rep. Fortney "Pete" Stark, who sponsored much of the legislation.
State Children's Health Insurance Program (SCHIP)	see <i>Children's Health Insurance Program (CHIP)</i>
state fiscal year (SFY)	The state government's accounting year, which begins July 1 and ends June 30 (e.g., SFY 2009 begins July 1, 2008, and ends June 30, 2009).
stop loss	The point at which a third party has reinsurance to protect against the overly large single claim or the excessively high aggregate claim during a given period of time. Large employers that self-insure may purchase reinsurance for stop loss purposes.
subacute care	Care given to patients who require less than a 30-day length of stay in a hospital and who have a more stable condition than those receiving acute care.
supplemental medical insurance	Private health insurance, also called medigap insurance designed to supplement Medicare benefits by covering certain health care costs that are not paid for by the Medicare program.

Supplemental Security Income (SSI)	A federal program of income support for low income, aged, blind and disabled persons established by Title XVI of the Social Security Act. Qualification for SSI often is used to establish Medicaid eligibility.
SurgeNET	Ohio's hospital bed availability system that allows participating hospitals to enter their current bed status information into a Web-based system during a disaster or drill situation. Once that data is entered, authorized users can view this information to determine where beds are available at other facilities.
surgicenter	see <i>freestanding outpatient surgical center</i>
swing beds	Acute care hospital beds that can also be used for a different level of care.
system error	An error that is not the result of an individual's action, but the predictable outcome of a series of actions and factors that comprise a diagnostic or treatment process.
tail insurance	Also known as an Extended Reporting Period, an additional period of time after policy expiration during which valid claims will be paid under a claims-made policy of liability insurance. Most hospital and physician medical professional liability policies are written on a claims-made basis. Tail insurance may be needed when an insured changes insurance companies or retires.
Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)	A federal law that authorizes health plans to enter into arrangements with the Centers for Medicare & Medicaid Services for cost and risk contracts.

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)	A program that provides funds to pay for the treatment in private institutions for members of the uniformed services and their families. (see <i>Tricare</i>)
claims-made insurance policy	A liability insurance policy under which coverage applies to claims filed during the policy period. Medical professional liability insurance is typically written on a claims-made basis.
Clinical Laboratory Improvement Amendments (CLIA)	Federal law designed to set national quality standards for laboratory testing. The law covers all laboratories that engage in testing for assessment, diagnosis, prevention or treatment purposes.
clinical nurse specialist (CNS)	A registered nurse with a graduate degree in nursing who may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve and manage health care within the nurse's nursing specialty.
closed panel	Medical services delivered in the health insuring corporation (HIC)-owned health center or satellite clinic by physicians who belong to a specially formed, but legally separate, medical group that only serves the HIC.
Code of Federal Regulations (CFR)	A publication of the federal government that consists of all regulations of federal departments and agencies. www.gpoaccess.gov/cfr/index.html
co-insurance	A specified dollar amount or percentage of covered expenses that an insurance policy or Medicare requires a beneficiary to pay toward eligible medical bills.

community benefit	Hospital community benefit includes programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. A community benefit must meet at least one of the following criteria: generates a low or negative margin, responds to needs of special populations, supplies services that would likely be discontinued if considered on a purely financial basis, responds to public health needs, and/or involves education or research that improves overall community www.ohanet.org
Community Health Information Network (CHIN)	A community-based activity that focuses on the development of a shared information database and retrieval system of patients, their medical histories and clinical and diagnostic tests.
community rating	Setting insurance rates based on the average cost of providing health services to all people in a geographic area without adjusting for each individual's medical history or likelihood of using medical services.
computerized physician order entry (CPOE)	A system that allows physicians to write medical orders for their hospitalized patients using a clinical software application.
conference committee	A bipartisan committee made up of three members from each chamber of the Ohio General Assembly or U.S. Congress that is responsible for working out differences between House- and Senate-passed versions of a piece of legislation.

Congressional Budget Office	A non-partisan office that provides U.S. Congress with cost estimates of legislative proposals and calculates estimates related to the federal budget.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Health benefit provisions passed by Congress in 1986 amending the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.
continuing education unit (CEU)	A uniform unit of measurement used to assess all levels of noncredit continuing education. One CEU is equivalent to 10 contact hours of participation in an organized continuing education experience.
continuing medical education (CME)	The continuing education of practicing physicians and nurses through refresher courses, journals and texts, educational programs and self-study courses. In some states, including Ohio, continuing education is required for continued licensure.
Continuous Survey Readiness Program (CSR)	A joint effort of OHA and the Joint Commission Resources (JCR) to help hospitals attain a level of continuous survey readiness for accreditation surveys. www.ohanet.org
Controlling Board	A seven-member board consisting of six legislators and one appointee of the Ohio Office of Budget and Management that, under certain conditions, has authority to increase spending levels and authorize expenditures for state agencies and programs.
coordination of benefits	Provisions and procedures used by third-party payers to determine the amount payable when a claimant is covered under two or more health plans.

copayment	A type of cost-sharing that requires the insured or subscriber to pay a specified flat dollar amount, usually on a per-unit-of-service basis, with the third-party payer reimbursing some portion of the remaining charges.
corporate campaign	A strategy whereby a labor union aggressively attacks the public reputation of a target employer with a goal of forcing management to yield to the union's demands or risk the company's financial well-being.
Corporate Partner	An organization doing business with Ohio hospitals that is a member in good standing with OHA. www.ohanet.org
corporate practice of medicine	A state law doctrine that prohibits any person or entity other than a licensed physician from holding itself out as a provider of professional medical services, from billing in its name for such professional medical services, or from owning or controlling a professional medical delivery system.
cost	The price a hospital must pay to provide a service, including the price of providing facilities, technology and workforce.
credentialing	The process of reviewing a practitioner's academic, clinical and professional ability as demonstrated in the past to determine if criteria for clinical privileges are met.
critical access hospital (CAH)	A federal designation under which hospitals receive cost-based reimbursement for Medicare services. Hospitals must meet certain criteria, such as size, length of stay and proximity to other facilities.
critical pathway	Standardized specifications for care developed by a formal process that incorporates the best scientific evidence of effectiveness with expert opinion.

risk	The chance or possibility of loss. Also used to refer to the insured or to the property coverage by a policy. Risk is also defined in health insurance terms as the possibility of loss associated with a given population. In an HMO setting, often employed as a utilization control mechanism.
risk classification	The process by which a company decides how its premium rates should differ according to the risk characteristics of individual insureds.
risk management	The practice of identifying and analyzing loss exposures and taking steps to minimize the financial impact of the risks they impose. Traditional risk management, sometimes called "insurance risk management," has focused on "pure risks" (i.e., possible loss by fortuitous or accidental means) but not business risks (i.e., those that may present the possibility of loss or gain).
root cause	The most fundamental reason for the failure or inefficiency of a process. Also called underlying cause.
root cause analysis (RCA)	A process for identifying the basic factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.
routine notification	A system being proposed at the state and national levels requiring hospitals to call a regional phone number when death is imminent to determine if organs are suitable for transplantation
Rules and Reference Committee	A committee within the Ohio House of Representatives that assigns legislation to standing committees.

Rules Committee	A committee within the Ohio Senate that schedules a bill to receive a floor vote after it is passed out of a standing committee. Also the name of a similar committee in the U.S. House of Representatives.
safety net providers	Providers who have a mission or mandate to deliver large amounts of care to uninsured or other vulnerable patients (e.g., public hospitals, teaching hospitals, community health centers or clinics).
selective contracting	The practice of a managed care organization (MCO) by which the MCO enters into participation agreements only with certain providers (and not with all providers who qualify) to provide health care services to health plan participants as members of the MCO's provider panel.
sentinel event	An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
skilled nursing facility (SNF)	A facility, either freestanding or part of a hospital, that accepts patients in need of rehabilitation and medical care that is of a lesser intensity than is received in the acute care setting of a hospital.
smallpox health care team	Groups of health care workers identified by hospitals who are vaccinated and trained to provide direct medical care for the first smallpox patients requiring hospital admission and to evaluate and manage patients with suspected smallpox who are examined at emergency departments. This team provides 24-hour care for the first two days or more after patients with smallpox have been identified, until additional health care personnel are vaccinated.

p/q/r

provider A hospital, physician, group practice, nursing home, pharmacy or any individual or group of individuals that provides a health care service.

Provider Reimbursement Review Board A federal board responsible for making decisions regarding provider appeals on Medicare reimbursement issues. www.cms.hhs.gov/PRRBReview/

provider-sponsored organization (PSO) A provider-owned entity that is certified by the Centers for Medicare and Medicaid Services to participate in the Medicare+Choice program and to assume risk for benefits provided to Medicare beneficiaries.

Public Health Council A state rulemaking body appointed by the governor that is part of the Ohio Department of Health. www.odh.ohio.gov

Public Health Service A federal agency responsible for public health services and programs including biomedical research. <http://phs.os.dhhs.gov>

quality assurance A formal set of activities to review and improve the quality of services provided. Quality assurance includes quality assessment and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative and support services.

quality improvement organization (QIO) An independent organization responsible for ensuring that medical care paid under the Medicare program is reasonable and medically necessary, that it meets professionally recognized standards and that it is provided in the most economical setting.

radiographer The preferred title for health care workers who take X-rays and have a degree to provide complicated radiological services.

rate-setting The determination by a government body of rates a health care provider may charge private-pay patients.

Recovery Audit Contractor (RAC) A national provider bill and medical services review project authorized by Congress and managed by the Centers for Medicare & Medicaid Services to detect and correct improper payments in the Medicare fee-for-service program.

refined diagnosis related group (RDRG) An expanded list of diagnosis-related groups to take into account a patient's severity of illness.

reinsurance A type of insurance purchased by primary insurers from secondary insurers. A commercial or captive insurance company purchases reinsurance to protect against part or all losses the primary insurer might assume in honoring claims of its policyholders.

required request A system enacted by state lawmakers in 1987 requiring hospitals to request organs from a deceased's family when the deceased is determined to be medically suitable.

Research and Educational Foundation (REF) A nonprofit foundation of OHA that directs a variety of research projects.

Resource-Based Relative Value Scale (RBRVS) Medicare fee schedule for physician services that sets a uniform payment in each geographic area for most of the approximately 7,000 medical procedures.

Return on Investment (ROI) A measure of a company's ability to use its assets to generate additional value for shareholders. It is calculated as net profit divided by net worth and is expressed as a percentage.

deductible An amount which a policyholder agrees to pay, per claim or per accident, toward the total amount of an insured loss. Under a health insurance policy, the out-of-pocket expenses paid by the health insurance subscriber before the insurer will begin reimbursing the subscriber for additional medical expenses.

diagnostic related group (DRG) A classification system that groups patients by common characteristics requiring treatment.

Disability Medical Assistance A state administered program that provides limited medical assistance to persons who are medication dependent and ineligible for any category of Medicaid. There is no federal funding or federal regulation of this program.

disaster codes see *Ohio Emergency Codes*

discharge planning The evaluation of patients' health needs for appropriate care after discharge from an inpatient setting.

disproportionate share hospital (DSH) A hospital that provides care to a high number of patients who cannot afford to pay and/or do not have insurance.

diversion The routing of patients to other hospitals because an emergency room is at maximum capacity.

doctor of osteopathy (DO) A licensed physician who is a graduate from an accredited school of osteopathic medicine.

do not resuscitate (DNR) An advance directive that patients may make to forego cardiopulmonary resuscitation or other resuscitative efforts. (see *advance directive*)

d/e

durable medical equipment (DME) Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use at home, such as hospital beds, wheelchairs and oxygen equipment.

durable power of attorney A document in which individuals select another person to act on their behalf in the event they become incapacitated. The document may identify specific activities, such as managing the incapacitated person's financial affairs. If the document allows the agent to make health care decisions, it must be drafted in a manner that meets statutory requirements for a "health care durable power of attorney." (see *advance directive*)

electronic health record (EHR) A patient's computerized health information as recorded and maintained by a provider system. An EHR is distinguished from a physician health record (PHR) by control: an EHR is controlled by the provider's system while a PHR is owned and controlled by the patient.

emergency medical services (EMS) A system of health care professionals, facilities and equipment providing emergency care.

emergency medical technician (EMT) A person certified to provide pre-hospital emergency medical treatment.

Employee Retirement Income Security Act (ERISA) A federal law that exempts self-insured health plans from state laws governing health insurance, including contribution to risk pools, prohibitions against disease discrimination and other state health reforms.

Environmental Protection Agency (EPA)	A federal and state agency responsible for programs to control air, water and noise pollution, solid waste disposal and other environmental concerns. www.epa.gov	federal fiscal year (FFY)	The federal government's accounting year, which begins Oct. 1 and ends Sept. 30 (e.g., FFY 2009 begins Oct. 1, 2008, and ends Sept. 30, 2009).
exclusions	Specific conditions or circumstances listed in an insurance contract for which the policy will not provide benefit payments. Exclusions can eliminate coverage for select individuals, groups, locations, properties or risks.	federal medical assistance percentage (FMAP)	The share of each state's Medicaid program paid by the federal government, based on the state's per capita income. By law, the FMAP cannot be lower than 50 percent nor higher than 83 percent, with the average FMAP about 57 percent. Ohio's 2009 FMAP is 62.14 percent.
experience rating	A system where an insurance company evaluates the risk of an individual or group by considering the applicant's loss history. For health insurance this would include evaluation of the applicant's health history.	federal poverty guidelines	The official annual income level for poverty as defined by the federal government. Under the 2008 guidelines, the federal poverty level for a family of four is \$21,200.
Extended Reporting Period	An additional period of time after policy expiration during which valid claims will be paid under a claims-made policy of liability insurance.	Federal Register	An official publication of the federal government that provides final and proposed regulations of federal legislation. www.gpoaccess.gov/fr/index.html
failure mode effect analysis	A systematic method of identifying and preventing problems (errors) before they occur.	Federation of American Hospitals (FAH)	A trade association composed of proprietary or investor-owned hospitals. www.fah.org
False Claims Act	A federal law that imposes liability for treble damages and fines of \$5,000 to \$10,000 for knowingly submitting to the federal government a false or fraudulent claim for payment.	fee for service	A method in which physicians and other health care providers receive a fee for services performed.
Farmers Home Administration (FHA)	A division of the U.S. Department of Agriculture that guarantees hospital mortgages. www.citation.com/hpage/fha.html	fee schedule	A comprehensive listing of fees used by either a health care plan or the government to reimburse Providers on a fee-for-service basis.
federal financial participation (FFP)	The portion paid by the federal government to states for their share of expenditures for providing Medicaid services and for administering the Medicaid program and certain other human service programs. Also called federal medical assistance percentage (FMAP).	Fellow of American College of Healthcare Executives (FACHE)	A credential awarded by the American College of Healthcare Executives (ACHE).
		fiscal intermediary	see <i>Medicare Administrative Contractor</i>

per diem	A method of payment in which a provider receives a fixed payment for each day of service provided to a patient.	pre-admission testing (PAT)	Patient tests performed on an outpatient basis prior to admission to the hospital.
Permedion	A Westerville, Ohio-based company that performs utilization review for the Medicaid program. www.permedion.com	pre-existing condition	An illness or other medical condition that a patient has experienced before the effective date of insurance coverage.
per member per month (PMPM)	The amount of money paid or received on a monthly basis for each individual enrolled in a managed care plan, often referred to as capitation.	preferred provider organization (PPO)	A panel of physicians, hospitals and other health care providers of services to an enrolled group for a fixed periodic payment.
physical therapist (PT)	A health care professional who evaluates and treats patients with health problems resulting from injury or disease; licensed by Occupational Therapy, Physical Therapy, and Athletic Trainers Board in Ohio. PTs assess joint motion, muscle strength and endurance, function of heart and lungs, and performance of activities required in daily living.	prenatal care	Services to pregnant women designed to ensure that both the expectant mother and the newborn are in the best health.
physician assistant (PA)	A health care professional licensed to practice medicine with physician supervision; governed by the Ohio State Medical Board. PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care and assist in surgery.	present on admission (POA)	Conditions known at the time of admission to the hospital, as well as conditions clearly present before, but not diagnosed until after admission.
physician-hospital organization (PHO)	A legal entity formed and owned by one or more hospitals and physician groups in order to obtain payer contracts and to further mutual interests; one type of integrated delivery system.	preventive care	Comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination and immunizations.
point-of-service (POS)	A type of insurance plan in which members need not choose how to receive services until the time they need them, also known as an open-ended HMO.	preventable adverse event	An event that results in death, loss of a body part, disability, or loss of bodily function lasting more than seven days or still present at the time of discharge from an inpatient health care facility. Also referred to as never events.
political action committee (PAC)	A group of people organized to collect and distribute contributions to political candidates.	primary care	Entry-level care which may include diagnostic, therapeutic or preventive services.
		professional liability	see <i>medical malpractice insurance</i>
		prospective payment system (PPS)	A method of financing health care that mandates payments in advance for the provision of services and is based on diagnostic related groups.

osteopathic	One of two schools of medicine that uses manipulative measures in treating patients in addition to the diagnostic and therapeutic measures of medicine. The other school is allopathic.	Pandemic and All-Hazards Preparedness Act (PAHPA)	An act that authorizes the Secretary of Health and Human Services to award competitive grants or cooperative agreements to eligible entities to enable entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.
outcome measures	Assessments to gauge the results of treatment for a particular disease or condition. Outcome measures include the patient's perception of restoration of function, quality of life and functional status, as well as objective measures of mortality, morbidity and health status.	participating provider	A health care provider who has a contractual arrangement with a health care service contractor, HMO, PPO, IPA or other managed care organization.
outlier	A patient case that falls outside of the established norm for diagnosis related groups.	Patient Self-Determination Act	A federal law that requires health care facilities to determine if new patients have a living will and/or durable power of attorney for health care and take patients' wishes into consideration in developing their treatment plans.
out-of-area benefits	The coverage allowed to HMO members for emergency and other situations outside of the prescribed geographic area of the HMO.	payer	A public or private organization that pays for or underwrites coverage for health care expenses.
outpatient	A person who receives health care services without being admitted to a hospital.	payment	Reimbursement a hospital receives for care provided; usually less than the standard charge and sometimes less than the cost of providing care.
outpatient prospective payment system (OPPS)	A method of financing health care that mandates payment in advance for the provision of outpatient services and is based on ambulatory payment classification.	peer review	The evaluation of quality of total health care provided by medical staff with equivalent training.
palliative care	Care for not only physical symptoms, but also for emotional, social, spiritual, psychological and cultural symptoms to achieve the best possible quality of life. Palliative care is usually provided at the end of life or to help deal with chronic conditions.	peer review organization (PRO)	An entity established by the Tax Equity and Fiscal Responsibility Act of 1982 to review quality of care and appropriateness of admissions, readmissions and discharges for Medicare and Medicaid. These organizations are held responsible for maintaining and lowering admission rates, and reducing lengths of stay while insuring against inadequate treatment. Now called quality improvement organizations.
Palmetto, GBA	Grove City, Ohio-based, Medicare Part B contractor.		

fiscal note	An analysis by the Legislative Budget Office of the financial impact of proposed state legislation.	FutureThink	An initiative created by the Ohio Organization for Nurse Executives and OHA to design the future of clinical health care in response to the current health care workforce shortage. www.futurethink.org
fiscal year (FY)	Any entity's accounting year.	gatekeeper	A primary care physician responsible for overseeing and coordinating all aspects of a patient's medical care and pre-authorizing specialty care.
525 Account	The specific line item in the state budget that represents the Medicaid budget under the Ohio Department of Job and Family Services.	general practitioner	A physician whose practice is based on a broad understanding of all illnesses and who does not restrict his/her practice to any particular field of medicine.
Food and Drug Administration (FDA)	An agency within the federal government that is responsible for regulations pertaining to food and drugs sold in the United States. www.fda.gov	going bare	The colloquial term describing the choice of an individual, provider, or other legal entity not to purchase liability insurance such as medical liability insurance or have a self-insurance mechanism such as a trust fund, or captive insurance company.
Foundation for Healthy Communities	The nonprofit foundation of OHA that promotes and supports healthy communities and lifestyles through partnerships with Ohio hospitals and health systems. www.healthycommunitiesohio.org	Government Accountability Office (GAO)	A non-partisan investigative arm of U.S. Congress that evaluates federal programs as an oversight of federal spending, efficiency and performance. www.gao.gov
freestanding emergency medical service center	A health care facility that is physically separate from a hospital and whose primary purpose is the provision of immediate, short-term medical care for minor, but urgent medical conditions.	graduate medical education (GME)	Medical education as an intern, resident or fellow after graduating from a medical school.
freestanding outpatient surgical center	A health care facility, physically separate from a hospital, that provides pre-scheduled, outpatient surgical services. (see <i>ambulatory surgical facility</i>)	Greater Cincinnati Health Council (GCHC)	A regional allied association representing hospitals and health systems in the Cincinnati region. www.gchc.org
Friends of Ohio Hospitals	A corporate political action committee supported by Ohio hospital employees and board members to protect and promote the needs of their patients and of their health care delivery through political action. www.friendsofohiohospitals.org	Greater Dayton Area Hospital Association (GDAHA)	A regional allied association representing hospitals and health systems in the Dayton region. www.gdaha.org
full-time equivalent (FTE)	A standardized accounting of the numbers of full-time and part-time employees.	group insurance	Any insurance policy or health services contract by which groups of employees (and often their dependents) are covered under a single policy or contract, issued by their employer or other group entity.

g/h

group model HMO	An HMO that contracts with a multi-specialty medical group to provide care for HMO members. Members are required to receive medical care from a physician within the group unless a referral is made outside the network.
group practice association	A formal arrangement of three or more physicians or other health professionals providing health services. Income is pooled and redistributed to the members of the group according to a prearranged plan.
health care acquired condition	see <i>hospital acquired condition</i>
health care durable power of attorney	A document in which individuals select another individual to make health care decisions for them in the event they become incapacitated. A health care durable power of attorney should be distinguished from a living will, a document drafted by an individual that provides direction regarding medical care if the individual becomes incapacitated by terminal illness or permanent unconsciousness. (see <i>advance directive</i>)
Health Employer Data and Information Set (HEDIS)	A set of performance measures designed to standardize the way health plans report data to employers. HEDIS measures five major areas of health plan performance: quality, access and patient satisfaction, membership and utilization, finance, and descriptive information on health plan management.
Health Insurance Association of America (HIAA)	A corporate member association of health and accident insurance companies. www.hiaa.org

Health Insurance Portability and Accountability Act (HIPAA)	Federal legislation, enacted in 1996, mandating regulations governing privacy, security and administrative simplification standards for health care information. HIPAA governs how health care organizations handle all facets of information management, including patient records.
health insuring corporation (HIC)	A term for managed care insurers in Ohio which includes all Ohio HMOs and other companies that offer pre-paid managed care.
health maintenance organization (HMO)	An entity that offers prepaid, comprehensive health coverage for both hospital and physician services with specific health care providers using a fixed fee structure or capitated rates.
Health Partnership Program (HPP)	One of two systems for managing workers' compensation health care in Ohio. Primarily designed for state-fund employers, the HPP uses private managed-care organizations (MCOs) certified by the state Bureau of Workers' Compensation to provide medical services.
health service agency (HSA)	Formerly called medical savings accounts (MSAs), a method of financing health care by giving tax advantages to individuals who establish and maintain personal accounts for health care purposes; similar to an Individual Retirement Account for retirement purposes. The health savings account legislation was signed into law in 2003, making the HAS the next generation of MSA plans.
Healthy Start/Healthy Families	A Medicaid program that provides health care for pregnant women, children and parents who are at or below a specified level of income and age.

O

Ohio Ethics Commission	A six-member commission appointed by the governor to investigate potential violations of ethics by government officials. www.ethics.ohio.gov
Ohio Health Council	A jointly controlled charitable corporation created by OHA, the Ohio Osteopathic Association and the Ohio State Medical Association.
Ohio Hospital Association (OHA)	A statewide association that provides member hospitals and health systems throughout Ohio with representation, education and information services. www.ohanet.org
Ohio KePRO Inc.	A Cleveland, Ohio-based company that performs quality utilization review for the Medicare program.
Ohio Nurses Association (ONA)	A professional and collective bargaining association for nurses. ONA is a chapter of the American Nurses Association. www.ohnurses.org
Ohio Office of Budget and Management (OBM)	Provides financial management and policy analysis to help ensure the responsible use of state resources. OBM coordinates, develops and monitors agency operating and capital budgets, and reviews, processes and reports financial transactions made by state agencies.
Ohio Osteopathic Association (OOA)	A trade association for osteopathic physicians and hospitals. www.ooanet.org
Ohio Patient Safety Institute (OPSI)	An organization created by OHA, the Ohio State Medical Association and the Ohio Osteopathic Association dedicated to improving patient safety in the state of Ohio. www.ohiopatientsafety.org
Ohio Physicians Health Program (OPEP)	An Ohio program that assists in the identification, diagnosis, treatment and recovery of impaired physicians. www.opep.org

Ohio Revised Code (ORC)	The codified laws and statutes of the state of Ohio as they are enacted by the legislature. www.ohio.gov/government.stm
Ohio State Medical Association (OSMA)	A statewide professional association for doctors of medicine. www.osma.org
Ohio State Medical Board	A 12-member board appointed by the governor to implement examinations, licensing and other regulatory provisions including disciplinary procedures that pertain to medical care and the medical profession. www.state.oh.us/med
Ohio Works First	A county-administered, state-supervised program funded partly by the federal government to provide assistance to needy families with children through work training and other support services. It replaces the Aid to Families with Dependent Children program. The federal program is Temporary Assistance to Needy Families. http://jfs.ohio.gov/owf/
Omnibus Budget Reconciliation Act (OBRA)	An amendment to the federal budget that outlines new federally funded programs or revisions to existing programs.
operating margin	The ratio of operating costs to revenue that are directly related to patient care.
organ procurement organization (OPO)	A non-profit, federally funded organization that aids in the organ transplantation process.
ORYX	The integration of performance measurement into the Joint Commission's accreditation process. Each accredited facility must select vendors that have been approved by the Joint Commission for the performance measurement system.

O

Ohio Board of Nursing (OBN) A 13-member board appointed by the governor to implement examinations, licensing and other regulatory provisions including disciplinary procedures that pertain to nurses and the profession of nursing. www.nursing.ohio.gov

Ohio Board of Regents A nine-member board appointed by the governor with consent of the Ohio Senate, responsible for planning and coordinating higher education by overseeing the public and private college and university system, including seven medical schools and several schools of allied health professions. www.regents.ohio.gov

Ohio Bureau of Workers' Compensation see *Bureau of Workers' Compensation*

Ohio Children's Hospital Association (OCHA) An allied association representing Ohio's six regional children's hospitals including Akron Children's Hospital; Cincinnati Children's Hospital Medical Center; Rainbow Babies and Children's Hospital, Cleveland; Nationwide Children's Hospital, Columbus; Dayton Children's Medical Center; and Toledo Children's Hospital. www.ohiochildrenshospitals.org

Ohio Department of Aging (ODA) A state government agency responsible for creating and managing programs aimed at Ohioans age 60 and older. www.state.oh.us/age/

Ohio Department of Alcohol and Drug Addiction Services (ODADAS) A state government agency responsible for programs for the treatment of substance abuse. www.state.oh.us/ada/

Ohio Department of Health (ODH) A state government agency responsible for ensuring the health and safety of Ohioans through education, disease prevention and healthier living programs. www.odh.ohio.gov

Ohio Department of Insurance The state of Ohio regulatory authority for the insurance industry. The mission of the Ohio Department of Insurance is to provide consumer protection through education and fair but vigilant regulation while promoting a stable and competitive environment for insurers.

Ohio Department of Job and Family Services (ODJFS) A state government agency serving families, employees and employers. In July 2001, the Ohio Department of Human Services was merged with the Ohio Bureau of Employment Services to create ODJFS. www.jfs.ohio.gov

Ohio Department of Mental Health (ODMH) A state government agency responsible for the care, treatment, training and rehabilitation of the state's mentally ill. www.mh.state.oh.us

Ohio Department of Mental Retardation and Developmental Disabilities (MR/DD) A state government agency responsible for providing care and treatment for individuals who are mentally retarded or have developmental disabilities. www.state.oh.us/dmr

Ohio Emergency Codes A set of standardized codes used by hospitals statewide in the event of an emergency. www.prepareohio.com

Code Red- fire
 Code Adam- infant/child abduction
 Code Black- bomb/bomb threat
 Code Gray- severe weather
 Code Orange- hazardous material spill release
 Code Blue- medical emergency adult
 Code Pink- medical emergency pediatric
 Code Yellow- disaster
 Code Violet- violent patient/combative
 Code Silver- person with weapon hostage situation
 Code Brown- missing adult patient

Help Me Grow A program intended to reduce infant deaths and illnesses in Ohio by promoting preventive health care and educating parents as to the care and early development of their children. www.helpmegrow.org

Hill-Burton Act Federal legislation enacted in 1947 to support the construction and modernization of health care institutions. No funds have been appropriated since the late 1960s.

home health agency An organization that provides medical, therapeutic or other health services in patients' homes.

hospice A facility or program that is licensed, certified or otherwise authorized by law that provides supportive care of the terminally ill.

hospital acquired condition (HAC) Conditions that could reasonably have been prevented through the application of evidence based guidelines.

hospital acquired infections (HAI) An infection acquired by an individual while receiving care or services in a health care organization.

hospital affiliation A contractual relationship between a health insurance plan and one or more hospitals whereby the hospital provides the inpatient benefits offered by the plan.

Hospital Care Assurance Program (HCAP) Ohio's Medicaid disproportionate share hospital (DSH) program in which hospitals are assessed to attract federal matching funds to help hospitals provide health care for the indigent and uninsured. www.ohanet.org

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Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. www.hcahpsonline.org

Hospital Council of Northwest Ohio (HCNO) A regional allied association representing hospitals and health systems in Northwest Ohio. www.hcno.org

Hospital Incident Command System (HICS) An incident management system based on the Incident Command System that assists hospitals in improving their emergency management planning, response and recovery capabilities for planned and unplanned events.

Hospital Insurance Program The compulsory portion of Medicare that relates to hospital care. (see *Medicare Part A*)

hospitalist Specialists in the provision of medical care for hospitalized patients, who manage the general medical needs of patients in the hospital. Most at this time are physicians; however, nurse practitioners and physician assistants may also be involved in the hospitalist's role, including managing the medical continuum of hospital care and the planning of post-hospital care.

hospital market basket Components of the overall cost of health care used in determining the consumer price index.

Hospital Market Basket Index An inflationary measure of the cost of goods and services purchased by health care facilities, often used to determine growth in reimbursement rates.

indemnity insurer	An insurance company that offers selected coverage within a framework of fee schedules, limitations and exclusions as negotiated with subscriber groups, generally paying providers fees according to services rendered.
Independent practice association (IPA)	A health care delivery model in which an association of independent physicians contracts with health maintenance organizations and preferred provider organizations for physicians' services. The IPA physicians practice in their own offices and continue to see fee-for-service patients.
inpatient	An individual who has been admitted to a hospital for at least 24 hours.
integrated delivery system	Collaboration between physicians and hospitals for a variety of purposes. Some models of integration include physician-hospital organization, management-service organization, group practice without walls, integrated provider organization and medical foundation.
intermediary organization (IO)	Under Ohio law, a health delivery network or other entity that contracts with health insuring corporations (HIC) or self-insured employers, or both, to provide health care services. The intermediary organization also contracts with other entities for the provision of health care services to fulfill the terms of its HIC and self-insured employer arrangements.
intermediate care facility	A facility providing a level of medical care that is less than the degree of care and treatment that a hospital or skilled nursing facility is designed to provide, but greater than the level of room and board.

International Classification of Diseases, 9th Revision (ICD-9-CM)	The classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations for data storage and retrieval.
International Classification of Diseases, 10th Revision (ICD-10-CM)	The proposed revised classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations for data storage and retrieval. ICD 10th revision contains a significant increase in codes over ICD-9, including the addition of a sixth character, codes relevant to ambulatory and managed care encounters, expanded injury codes and greater specificity in code assignment.
intractable pain	Pain for which there is no cure.
IRS Form 990	The tax-exempt return most charitable organizations, including hospitals, file with the IRS each year. It includes income, expenditures and activities, as well as compensation of high-level employees and lobbying expenditures and certain other activities.
Joint Commission	Founded in 1951, the Joint Commission evaluates and accredits health care organizations in the U.S., including hospitals, health plans, and other care organizations that provide home care, mental health care, laboratory, ambulatory care and long-term services. Formerly called the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). www.jointcommission.org
Joint Commission Resources (JCR)	A subsidiary of the Joint Commission designed to distribute consulting and publication services. www.jcrinc.com

Nursing 2015	Legislation signed by Gov. Ted Strickland on June 12, 2008, that requires hospitals to develop staffing committees that will make recommendations to hospital administration for adoption of staffing plans.
nursing quality indicators	A set of 10 nursing-sensitive indicators that link nursing interventions to patient outcomes.
Occupational Safety and Health Administration (OSHA)	A federal agency within the U.S. Department of Labor that is responsible for setting standards to promote and enforce employee safety in the workplace. www.osha.gov
occupational therapist (OT)	A health care professional in rehabilitation who helps patients regain, develop and build skills for independent functioning; licensed by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board in Ohio. OTs hold a four-year baccalaureate degree.
Office of Inspector General (OIG)	The enforcement arm within the U.S. Department of Health and Human Services that oversees investigations of alleged violations of Medicare and Medicaid laws and rules. (Most federal agencies have their own OIG). www.hhs.gov
Office of Management and Budget (OMB)	A federal agency responsible for providing fiscal accounting and budgeting services for the federal government. www.whitehouse.gov/omb
Office of Professional Standard Review Organizations	The health standards and quality bureau of the Centers for Medicare and Medicaid Services.
Office of the Assistant Secretary for Preparedness and Response (ASPR)	The federal agency within the U.S. Department of Health and Human Services (HHS) that provides health care preparedness grants. www.hhs.gov/aspr

OHA Advocacy Network	A system created by OHA in 1994 to coordinate hospital grassroots advocacy efforts on various legislative fronts. www.ohanet.org
OHA Board of Trustees	The governing body of OHA, composed of representatives of small and large hospitals, teaching facilities and health care systems. www.ohanet.org
OHA Insurance Solutions (OHAIS)	An insurance company owned by Ohio hospitals and the Ohio Hospital Association to provide medical professional liability for hospitals and physicians. www.ohainsurance.com
OHA Solutions	An OHA resource created to address temporary and permanent hospital staffing needs by helping to ensure the quality of clinical and non-clinical staff, offering contract management and providing the efficiency of technology. www.ohasolutions.com
Ohio Administrative Code (OAC)	A publication consisting of all administrative rules of the state's departments and agencies.
Ohio Administrative Knowledge System (OAKS)	An integrated computer system that performs some of the state's primary administrative tasks including capital improvements, financials, fixed assets, human
Ohio Association of Health Plans	A trade association whose membership includes most health insuring corporations. www.oahp.org
Ohio Association of Medical Staff Services (OAMSS)	An organization that seeks to continuously promote quality, efficiency and professionalism in health care. www.oamss.org

methicillin-resistant *Staphylococcus aureus* (MRSA) A type of staph infection that is resistant to certain antibiotics including methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. MRSA is a hospital- and community-acquired infection that is usually manifested as a skin infection, looking like a pimple or boil, and can occur in otherwise healthy people.

morbidity Incidents of illness and accidents in a defined group of individuals.

mortality Incidents of death in a defined group of individuals.

most-favored-nation clause (MFN) A provision requiring the contracting physician, hospital or group to provide an insurer with the lowest price it charges any other insurer.

National Accrediting Agency for Clinical Laboratory Science (NAACLS) A division within the U.S. Department of Health and Human Services (HHS) that supports analyses and evaluations of the health care system and its financing, and underwrites the development and testing of new approaches to improve the distribution, use and cost-effectiveness of services.

National Board of Medical Examiners (NBME) A nonprofit organization responsible for preparing and administering qualifying examinations for physicians. www.nbme.org

National Cancer Registry A unit within the National Institutes of Health that provides updates on the latest cancer diseases, research and diagnosis. www.ncra-usa.org

National Center for Health Statistics (NCHS) A division within the U.S. Department of Health and Human Services that is responsible for gathering data on illness and disability, producing the vital statistics of the nation and tracking the use and availability of health services and resources. www.cdc.gov/nchs

National Committee for Quality Assurance (NCQA) A nonprofit organization created to improve patient care quality and health plan performance in partnership with managed care plans, purchasers, consumers and the public sector. www.ncqa.org

National Credentialing Agency for Laboratory Personnel (NCA) A peer-established agency providing practice-driven credentials for laboratory professionals. www.nca-info.org

National Incident Management System (NIMS) A standardized approach to incident management and response that establishes a uniform set of processes and procedures that emergency responders at all levels of government will use to conduct response operations. Currently there are 14 elements that are specific to hospitals and health care organizations.

National Information Center on Health Services Research and Health Care Technology (NICHSR) A division within the U.S. Department of Health and Human Services that supports analyses and evaluations of the health care system and its financing, and underwrites the development and testing of new approaches to improve the distribution, use and cost-effectiveness of services. www.nlm.nih.gov/nichsr/

National Institutes of Health (NIH) A division within the U.S. Department of Health and Human Services that is responsible for most of the agency's medical research programs. www.nih.gov

National Quality Forum (NQF) A not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. www.qualityforum.org

Never Event see *preventable adverse event*

Nuclear Regulatory Commission (NRC) A federal commission created in 1974 to protect the public health and safety by regulating civilian uses of nuclear materials. www.nrc.gov

Joint Committee on Agency Rule Review (JCARR) A bipartisan committee comprised of members of the Ohio Senate and the Ohio House of Representatives that reviews state administrative rules and regulations to determine whether they comply with the laws as they were intended by the legislature. www.jcarr.state.oh.us

joint venture A loose form of affiliation, essentially contractual in nature, that preserves the prior legal identity of each party participating in the venture.

The Leapfrog Group A group of Fortune 500 employers and other purchasers of health care, sponsored by the Business Roundtable, focused on patient safety issues. www.leapfroggroup.org

Legislative Budget Office (LBO) Non-partisan budget staff responsible for providing fiscal information to members of the legislature and for serving the Ohio House of Representatives and Senate finance committees. Staff are now part of the Legislative Services Commission. www.lsc.state.oh.us

Legislative Services Commission (LSC) Non-partisan Ohio legislative staff responsible for drafting amendments, providing analysis of bills heard in committees, codifying and reporting the status of legislation and providing research and library services for legislative inquiries. www.lsc.state.oh.us

length of stay (LOS) The number of days a patient stays in a hospital or other health care facility.

licensed practical nurse (LPN) A graduate from a one-year vocational or technical nursing program who has been licensed by the state.

licensed social worker (LSW) An individual who is licensed by the state to practice social work.

Life Safety Code Standards of construction, protection and occupancy that are necessary to minimize danger to life from fire, smoke, fumes and panic. The Joint Commission and the Centers for Medicare and Medicaid Services require compliance with the code. The code is adopted and published by the National Fire Protection Association and is also known as the NFPA 101.

limited-service, physician-owned hospital A health care provider designed to provide principally one or two specialties of medical care (such as orthopedic or cardiac care), whose practicing physicians are also owners or investors. Also called a niche or specialty hospital.

living will A legal document generated by an individual to guide providers on the desired medical care in cases when the individual is unable to articulate his or her own wishes. (see *advance directive*)

long-term acute care hospital (LTCH or LTACH) A hospital that specializes in treating patients with serious and often complex medical conditions requiring a longer length of stay than customarily provided by a traditional acute care hospital. LTCHs provide care for such conditions as respiratory failure, non-healing wounds and other medically complex diseases.

long-term care (LTC) Care given to patients with chronic illnesses who usually require a length of stay longer than 30 days.

low-level radioactive waste Waste that has a low intensity of radioactivity, most of which decays to acceptable levels within a few months, but a few of which contain radioactivity for hundreds of years.

Magnet Hospital Recognition Program	A designation through the American Nurses Credentialing Center that recognizes those institutions that act as a “magnet” by creating a work environment that recognizes and rewards professional nursing.
Magnetic Resonance Imaging (MRI)	A diagnostic technique that uses radio and magnetic waves, rather than radiation, to create images of body tissue and to monitor body chemistry.
major diagnostic category (MDC)	A hospital classification system that groups patients by diseases and disorders of each major body system. Diagnostic related groups are classified underneath each MDC.
malpractice	The improper treatment of a patient, as by a physician or nurse, resulting in injury.
managed care	A system of health care delivery that influences utilization and cost of services, and often includes capitated payment structure and a limited choice of health care providers.
Management Service Organization (MSO)	A legal entity that provides practice management, administrative and support services to individual physicians or group practices. An MSO may be a direct subsidiary of a hospital, a joint venture with physicians, a physician-owned organization or an investor-owned expertise.
market basket	see <i>hospital market basket</i>
Market Basket Index	see <i>Hospital Market Basket Index</i>
Medicaid	A state-administered program funded partly by the federal government that provides health care services for certain low-income persons and certain aged, blind or disabled individuals. The program is approximately a 40/60 state/federal match. www.ohanet.org

Medical Consumer Price Index	An inflationary statistic that measures the cost of all purchased health care services.
medical doctor (MD)	A licensed physician who is a graduate of an accredited medical school and practices allopathic medicine.
medical error	The failure of a planned action to be completed as intended (error of execution) or the use of a wrong plan to achieve an aim (error of planning).
medical malpractice insurance	Insurance purchased by a person or entity, such as a doctor or hospital, to protect the person or entity from claims from third parties for medical error or medical malpractice. Also known as medical professional liability insurance.
Medical Opportunities in Ohio (MOO)	A non-profit career system developed by OHA, the Ohio State Medical Association and the Ohio Osteopathic Association that links physicians with the Ohio hospitals and physician practices that need them. www.ohmoo.org
medical savings account (MSA)	A method of financing health care by giving tax advantages to individuals who establish and maintain personal accounts for health care purposes; similar to an Individual Retirement Account for retirement purposes. A new health savings account legislation was signed into law in 2003, making the HAS the next generation of MSA plans. (see <i>health savings account</i>)
Medicare	A federally funded program that provides health insurance primarily for individuals entitled to Social Security who are age 65 or older. www.cms.hhs.gov/home/medicare.asp

Medicare Administrative Contractor (MAC)	Replaces Medicare Part A Fiscal Intermediaries (FIs) and Part B Carriers with 15 new regional Medicare provider bill payment and cost report intermediaries. Ohio and Kentucky constitute MAC Region 15, which has the responsibility for all facility and physician Medicare bill payment operations, excepting home health and durable medical equipment.
Medicare Advantage	Also referred to as “Medicare Part C,” or “Medicare+Choice,” a Medicare program under which eligible Medicare enrollees can elect to receive benefits through a managed care program that places providers at risk for those benefits.
Medicare Dependent	A Medicare reimbursement category for a hospital that is located in a rural area, has no more than 100 beds, and has had at least 60 percent of its inpatient days or discharges attributed to Medicare beneficiaries during a cost report year beginning in federal fiscal year 1987.
Medicare Modernization Act of 2003 (MMA)	A federal law that provided a prescription drug benefit under the Medicare program. MMA made various other adjustments to the Medicare and Medicaid programs affecting providers, including payment and regulatory improvements for hospitals. Also known as the Medicare Prescription Drug Bill.
Medicare Part A	The part of the Medicare program covering inpatient hospital services and services furnished by other health care providers such as nursing homes, home health agencies and hospices. Part A coverage is automatically provided for individuals entitled to Medicare.

Medicare Part B	The part of the Medicare program that covers outpatient, physician and medical supplier services. Part B coverage is optional and must be paid for separately through monthly premium payments.
Medicare Part C	see <i>Medicare Advantage</i>
Medicare Part D	The part of the Medicare program that covers prescription drug coverage. Beginning in 2006, beneficiaries have access to partial prescription drug coverage paid mainly through state payments, premiums and general revenue. Some assistance for low-income beneficiaries is available for premiums and co-pays.
Medicare Payment Advisory Commission (MedPAC)	A non-partisan congressional advisory body charged with providing policy advice and technical assistance concerning the Medicare program and other aspects of the health system. It conducts independent research, analyzes legislation, and makes recommendations to U.S. Congress. The Physician Payment Review Commission merged with the Prospective Payment Assessment Commission to create MedPAC.
medigap	A policy guaranteeing to pay a Medicare beneficiary’s co-insurance, deductible and co-payments and provide additional health plan or non-Medicare coverage for services up to a predefined benefit limit. In effect, the product pays for the portion of the cost of services not covered by Medicare.