

Navigating the Healthcare Alphabet Soup

12 March 2018

Acronym/Term	What It Means	A Little Bit More about What It Means.....
1115 Waiver	Centers for Medicare and Medicaid Services 1115 Waiver for demonstration projects	Money coming through the Federal Govt (through CMS) to the State (through HCA) for projects that will help bend the Medicaid cost curve in Washington. There are 3 initiatives under the 1115 Waiver.
1115 Waiver Initiative #1	The initiative that focuses on Medicaid transformation through the ACHs	Each region in Washington, through its ACH, will implement health improvement projects aimed at transforming the Medicaid delivery system.
1115 Waiver Initiative #2	The initiative that focuses on Medicaid transformation by providing long-term services and supports	This effort provides new eligibility categories that support unpaid family caregivers and people who are at risk of future Medicaid long-term services and supports who do not currently meet Medicaid financial eligibility.
1115 Waiver Initiative #3	The initiative that focuses on Medicaid transformation by providing foundation community supports	This effort provides supportive housing and supported employment services for chronically homeless or unemployed people or those who are at risk of being chronically homeless or unemployed.
ACA	Affordable Care Act	The Patient Protection and Affordable Care Act (PPACA) is also known as the Affordable Care Act. Often referred to as "Obamacare", it was designed to make affordable health insurance available to more people.
ACES	Adverse Childhood Experiences	Negative childhood experiences that have an impact on health and have been linked to risky health behaviors, chronic health conditions, and early death.
ACHs	Accountable Communities of Health	Accountable Communities of Health (ACHs) bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. As ACHs better align resources and activities, they support wellness and a system that delivers care for the whole person. There are 9 ACHs in Washington that align with Washington's Medicaid regional service areas.

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ACO	Accountable Care Organization	Groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.
APPLE HEALTH	The Medicaid plan in Washington state	There are five different Medicaid providers in Washington state: Amerigroup, Coordinated Care, Community Health Plan of Washington (CHPW), Molina Healthcare and United Healthcare.
BHASO	Behavioral Health Administrative Services Organization	When counties become mid-adopters, HCA contracting with BHOs in their region for Medicaid services will change. Some services in this community, such as response services for individuals experiencing a mental health crisis, must be available to all individuals regardless of their insurance status or income level. For this reason, the HCA will have a contract with an organization known as a Behavioral Health Administrative Service. In essence, the BHOs will become BHASOs to provide these services. Organization (BH-ASO) to provide these services.
BHO	Behavioral Health Organization	In 2015 the legislature authorized the state Department of Social and Health Services (DSHS) to create Behavioral Health Organizations (BHOs) to purchase and administer publicly-funded mental health and substance use treatment services under managed care. BHOs are single, local entities that assume responsibility for providing these services, previously managed by counties and Regional Support Networks (RSNs). These include inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services, and services funded by the federal block grants. DSHS began the process of developing contacts with BHOs in 2015, with services starting in April 2016.
Capitation Rate	Capitation is a payment arrangement for health care service providers.	It is a set amount for each enrolled person assigned to a healthcare provider, per period of time, whether or not the patient seeks care.
CBO	Community Based Organization	Non-profit organizations that work at the local level to improve life for residents

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CCO	Coordinated Care Organization	CCOs are community-based organizations governed by a partnership among providers of care, community members and those taking financial risk. A CCO will have a single global Medicaid budget that grows at a fixed rate, and will be responsible for the integration and coordination of physical, mental, behavioral and dental health care for people eligible for Medicaid or dually eligible for both Medicaid and Medicare. CCOs will be the single point of accountability for the health quality and outcomes for the Medicaid population they serve.
CMHA	Community Mental Health Agency	An agency in the community that provides mental health services to patients in that area.
CMS	Centers for Medicare and Medicaid Services	The federal government agency responsible for administering Medicare and Medicaid health services
DSRIP	Delivery System Reform Incentive Payment	Part of the funding through CMS to help providers change how they provide care to Medicaid beneficiaries. They are part of the 1115 Medicaid Waiver and obtaining these funds is tied directly to meeting performance metrics.
DY	Demonstration Year	Each year of the Medicaid 1115 Waiver project is called a demonstration year.
EBP	Evidence Based Practice	An approach to prevention or treatment is considered evidence-based when it is shown to be effective through some form of documented scientific evidence. The evidence can include controlled clinical studies, or less rigorous demonstrations of effective outcomes with a specific population.
ED	Emergency Department	he department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.
EMR	Electronic Medical Record	The electronic or digital equivalent of paper records or charts at a clinician's office.
Exchange	The Washington Insurance Exchange	An online marketplace where someone can shop for individual and family health plans. On the Exchange, one can compare rates and plans from all of the major health insurance carriers in Washington and see if they qualify for reduced premiums based on income.
FFS/Fee-for-service	Fee-for-service is a payment arrangement for health care service providers.	A payment model where services are paid for separately. In health care, it gives an incentive for physicians or providers to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.

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FIMC/IMC	Fully Integrated Managed Care/Integrated Managed Care	Fully integrated managed care is a program to provide integrated Medicaid coverage for physical and behavioral health services.
FQHC	Federally Qualified Health Center	A health center that qualifies for enhanced reimbursement from Medicare and Medicaid, serves an underserved area or population, offers a sliding fee scale and provides comprehensive services (either all on-site or by arrangement with another provider)
HCA	Washington State Health Care Authority	The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through two programs — Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program. The HCA provides health insurance for almost a third of Washington State residents.
HIE	Health Information Exchange	The sharing of health care information electronically across organizations within a region, community or hospital system.
HIPAA	Health Insurance Portability and Accountability Act	The United States legislation that provides data privacy and security provisions for safeguarding medical information. It protects what is commonly referred to as PHI (Personal Health Information).
LHINs	Local Health Improvement Networks	Networks of providers and other stakeholders that represent a multi-sector voice and approach to local health initiatives and activities
MAT	Medication Assisted Treatment	The use of FDA-approved medications in conjunction with counseling to treat addiction.
MCO	Managed Care Organization	Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month payment for these services.
NCC	Natural Community of Care	A Natural Community of Care (NCC) is a group of partners that serve the same Medicaid population due to geographical proximity, natural referral patterns, and collaborative service agreements.
NSACH	North Sound Accountable Community of Health	The Accountable Community of Health in the North Sound Region which includes the following counties: Snohomish, Whatcom, Island, San Juan and Skagit.

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NSBHO	North Sound Behavioral Health Organization	The Behavioral Health Organization for the North Sound Region which includes the following counties: Snohomish, Whatcom, Island, San Juan and Skagit.
ORP	Opioid Reduction Plan	Washington State leaders initiated efforts to address the opioid epidemic by developing an interagency State Opioid Response Plan released in 2016. The State's Plan identified four Goals, with strategies and related activities to achieve the desired outcomes: Prevent opioid misuse and abuse. Link individuals with opioid use disorder (OUD) to treatment support services. Intervene in opioid overdoses to prevent death. Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions. ACHs have created regional opioid reduction plans that mirror the State's Plan with regional, county-level and Tribal coordination activities designed to support state-level strategies and help achieve the four Goals to the degree possible with local efforts and limited resources.
PCP	Primary Care Provider	A patient's primary health doctor
RHNI	Regional Health Needs Inventory	A needs assessment conducted by various sectors to identify common regional priorities and strategies. It includes an analysis of current health needs in a community as well as initiatives already in place.
SIM	State Innovation Model	Models developed to test new payment and service delivery models for Medicaid and Medicare patients.
SMI	Serious Mental Illness	Serious mental illnesses (SMIs) are a small subset of mental illnesses. They are mental illnesses listed in the DSM-V that result in functional impairment which substantially interferes with or limits one or more major life activities.
TPA	Third Party Administrator	A person or organization that processes claims and performs other administrative services on behalf of a funding organization. For example, a TPA is responsible for administering funds for Initiative #3 of the 1115 Waiver.
VBP	Value Based Payment	Value-Based Payment (VBP) is a strategy used by purchasers to promote quality and value of health care services. The goal of any VBP program is to shift from pure volume-based payment, as exemplified by fee-for-service payments to payments that are more closely related to outcomes.