

FY 08-09 Budget Request Glossary and Acronyms

A State Legislative glossary of terms and an Office of State Planning and Budgeting glossary can be found on the respective State of Colorado websites through www.Colorado.gov.

| Acronym/Term | Description |
|-------------------|---|
| 300%ers | Persons whose income is up to three times (3 times 100%) the supplemental security income payment limit. This optional eligibility category is eligible for Medicaid by virtue of their need for long-term care services. |
| 1931 family | Section of the federal law (TANF) from which the Medicaid group eligibility is derived |
| AAA | Area Agency on Aging |
| AB | Aid to the Blind |
| ACF | Alternative Care Facility |
| ACS | Affiliated Computer Services, fiscal agent for Medicaid claims processing and reporting, as of 12/1/99. Formerly known as Consultec. Also administrative contractor for the Children's Basic Health Plan. |
| ADA | Americans with Disabilities Act |
| ADLs | Activities of Daily Living |
| Adult Foster Care | This is not a Medicaid program or service; however, many adult foster care eligibles are also Medicaid eligible. This provides residential care with supervision for client medications, etc. It is funded through 95% General Fund and up to a 5% local match. |
| AED | Amortization Equalization Disbursement – increases the employer distribution to the PERA Trust Fund to authorize the unfunded liability beginning January 1, 2006. |
| AFC | Adult Foster Care |
| AFDC | Aid to Families with Dependent Children (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families -TANF) |
| AFDC-A | Aid to Families with Dependent Children – Adults (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF) |
| AFDC-C | Aid to Families with Dependent Children – Children (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF) |
| AIDS | Acquired Immune Deficiency Syndrome |

| Acronym/Term | Description |
|--------------------|--|
| ALJ | Administrative Law Judge |
| Allowed Charge | The amount Medicare will consider for payment for a given service or supply |
| AMPS | Automated Medicaid Payment System - electronic claims system |
| Ancillary Services | Those services and supplies provided to patients on an as-needed basis |
| AND | Aid to the Needy Disabled |
| AND/AB | Combination of Aid to the Needy Disabled and Aid to the Blind. Individuals in these combined eligibility categories are aged 0 through 59 and meet SSI blindness and/or other disability criteria. |
| ANSI | American National Standards Institute |
| AOA | Administration on Aging |
| AP | Assistance Payments |
| APD | Advance Planning Document |
| ASC | Ambulatory Surgical Centers |
| ASO | Administrative Service Organization |
| BC-A | Baby Care Adults; a Medicaid eligibility category appropriated in the Long Bill |
| BC-C | Baby Care Children |
| BCCP | Breast and Cervical Cancer Program; a Medicaid eligibility category appropriated in the Long Bill |
| BC-KC | Baby Care – Kids Care Program |
| BHO | Behavioral Health Organization; capitated contractual providers for Medicaid community mental health services, formerly Mental Health Assessment and Services Agencies (MHASAs) |
| BI | Brain Injury – A Home and Community Based Services waiver |
| BIDS System | Colorado procurement information system |
| BOA | Business Objects of America – an ad hoc reporting system used in Decision Support Systems |
| BUS | Benefits Utilization System; a web-based system for long term care eligibility assessments (the ULTC 100.2 form) |
| CAHPS | Consumer Assessment of Health Plans Study - a health care customer satisfaction survey |
| CAPS | County Automated Payment System. |
| CARS | Client Oriented Information Network, Accounts Receivable System |
| Carve-Out | A benefit or service that is not included under an otherwise global services agreement, such as the Medicaid mental health capitation program |
| CBHP | Children’s Basic Health Plan |
| CBLTC | Community Based Long Term Care |

| Acronym/Term | Description |
|---------------------------|---|
| CBMS | Colorado Benefits Management System |
| CCB | Community Center Boards |
| CDAS | Consumer Directed Attendant Support |
| CDSS | County departments of social services |
| CCR | Code of Colorado Regulations |
| CDCE | Consumer-Directed Care for the Elderly |
| CDF | Colorado Drug Formulary |
| CEDARS | Colorado Eligibility Disbursement and Reporting System |
| CE Low Income Adults | Categorically Eligible Low-income Adults; a Medicaid eligibility category appropriated in the Long Bill (previously AFDC-A) |
| CELI-A | Categorically Eligible Low-income Adults; a Medicaid eligibility category appropriated in the Long Bill (previously AFDC-A) |
| CELI-C | Categorically Eligible Low-Income Children. This eligibility category was formerly called Aid to Families with Dependent Children – Child (AFDC-C) and Baby Care Children (BC-C). |
| CES | Children’s Extensive Support (Home and Community Based Services) |
| CFE | Cash Funds Exempt. This represents cash funds transferred within the State, reported as Cash Funds Exempt to avoid double-counting funds, which would create a TABOR impact. |
| CFMC | Colorado Foundation for Medical Care, a Peer Review Organization |
| CFMS | County Financial Management System |
| CFR | Code of Federal Regulations |
| CGTS | Colorado Government Technology Service Division |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| Children’s HCBS | Home and community based services for children with physical disabilities |
| CHP+ | Child Health Plan Plus, also called Children's Basic Health Plan |
| CHRP | Children’s Habilitation Residential Program |
| CICP | Colorado Indigent Care Program |
| CIDS 2000 | Client Information Data Subsystem for the 21 st Century |
| Class I Nursing Homes | Refers to general nursing facilities |
| Class II/IV Nursing Homes | Refers to nursing facilities for physically and developmentally disabled individuals |
| Class IV Nursing Homes | Regional centers for the developmentally disabled (operated by the Department of Human Services) |
| CMO | Care Management Organization |

| Acronym/Term | Description |
|----------------|--|
| CMPN | Colorado Medicaid Provider Network |
| CMS | The Centers for Medicare and Medicaid Services, previously the federal Health Care Financing Administration |
| CNA | Certified Nurses Aide |
| CNS | County Nursing Service |
| CO/EBTS | Colorado Electronic Benefits Transfer Service |
| COFRS | Colorado Financial Reporting System |
| COIN | Client Oriented Information Network (former Department of Human Services -Department of Health Care Policy and Financing eligibility database) |
| Coinsurance | The 20% of the allowed charge the beneficiary is responsible for paying on assigned Medicare beneficiaries |
| COLA | Cost of Living Adjustment |
| COLD | Computer Output to Laser Disk |
| COLO R/X | Colorado Drug Formulary |
| Colorado Works | Colorado's Welfare Reform Program (the federal name is Temporary Assistance to Needy Families - TANF) |
| COmPASS | Colorado Community Personal Assistance Services and Supports federal grant |
| CPT-6 | Current Procedural Terminology - physician reimbursement guide |
| CRS | Colorado Revised Statutes |
| CSHCN | Children with Special Health Care Needs |
| CSRA | Community Spouse Resource Assessment |
| CWEST | Child Welfare Eligibility and Services Tracking System |
| CW-FC | Child Welfare - Foster Care |
| CY | Calendar Year |
| DAC | Disabled Adult Child |
| DD | Developmentally Disabled |
| DDS | Disability Determination Services - agency that specializes in disability eligibility for both Social Security and Medicaid |
| DHCPF | Colorado Department of Health Care Policy and Financing – Colorado's Single State Agency for Medicaid |
| DHMC | Denver Health Medical Center, formerly known as Denver General Hospital |

| Acronym/Term | Description |
|---|---|
| DHS | Colorado Department of Human Services |
| Disabled | Supplemental Security Income Disabled Individuals; a Medicaid eligibility category appropriated in the Long Bill |
| DM | Disease Management |
| DME | Durable Medical Equipment and Supplies |
| DMO | Disease Management Organization |
| DORA | Colorado Department of Regulatory Agencies |
| DPA | The Department of Personnel and Administration |
| DPHE | Colorado Department of Public Health and Environment |
| DRG | Diagnosis Related Group, the basis for inpatient hospital reimbursement |
| DSH | Disproportionate share hospital payments are for hospitals that serve a disproportionately large share of indigent clients. |
| DSS | Decision Support System |
| Dual eligible | A client eligible for both full Medicare and full Medicaid |
| DUR | Drug Utilization Review |
| EDS | Electronic Data Systems |
| EIS/DDS | Executive Information System/Decision Support System |
| Eligible | This refers to one full time equivalent client for a defined period of time. Every person who is issued a Medicaid authorization card is called an “eligible.” It does not refer to the number of clients who actually use a medical service. |
| Eligible Children | A Medicaid eligibility category appropriated in the Long Bill (previously AFDC-C/BC) |
| EOMB | Explanation of Medical Benefits |
| EPSDT | Early and Periodic Screening, Diagnosis and Treatment – Medicaid for clients up to age 21 |
| EPSDT Dental | Early and Periodic Screening, Diagnosis and Treatment for Dental - preventive health care program for Medicaid clients up to age 21 |
| EQRO | External Quality Review Organization |
| ESUM | A COIN report that was used by the Budget Division to estimate retroactivity for Medicaid enrollment |
| Extended Medicaid for Children in Poverty | See Ribicoff Children |
| F PLAN | Family Planning refers to services which are paid through the family planning clinics for which an annual capitation rate is paid for all family planning services eligible for one year |

| Acronym/Term | Description |
|---------------------|--|
| FC | Foster Care Children |
| FFP | Federal Financial Participation – the percent of federal match |
| FFS | Fee-for-Service - non-capitated health care payment system |
| FFY | Federal Fiscal Year - October 1 through September 30 |
| Fiscal Agent | The contractor that processes claims for the Medicaid program, currently Affiliated Computer Services. |
| Fiscal Intermediary | An insurance company that manages Medicare claims and provides audit-reimbursement services for the Centers for Medicare and Medicaid Services to assure providers utilize program benefits appropriately. |
| FMAP | Federal Medical Assistance Percentage – the percent of federal match that the Centers for Medicare and Medicaid Services pays for Medicaid medical services. |
| Foster Children | A Medicaid eligibility category appropriated in the Long Bill |
| FPL | Federal Poverty Level – the federal poverty measure. Used with a percentage in determining eligibility, i.e. those with an income level below 185% of FPL may be eligible for certain Medicaid programs. Also called Federal Poverty Guidelines. |
| FQHC | Federally Qualified Health Clinic (or center) - health service facility for low income persons in a medically underserved area |
| FTE | Full Time Equivalent employee |
| FY | Fiscal Year (State) - July 1 through June 30 |
| GF | General Fund. The general fund is the state's primary operating fund. It is used to account for all financial resources except those required to be accounted for in another fund. |
| GSS | General Support Services, now the Department of Personnel and Administration |
| HB | House Bill (of Colorado General Assembly) |
| HCA | Home Care Allowance |
| HCBS | Home and Community Based Services |
| HCBS-BI | Home and Community Based Services – Brain Injury |
| HCBS-CES | Home and Community Based Services - Children’s Extensive Support |
| HCBS-CM | Home and Community Based Services - Elderly, Blind, and Disabled Case Management |
| HCBS-CMW | Home and Community Based Services - Children’s Medical Waiver |
| HCBS-CS | Home and Community Based Services - Elderly, Blind, and Disabled Client Services |
| HCBS-DD | Home and Community Based Services - Developmental Disabilities |

| Acronym/Term | Description |
|-------------------------|---|
| HCBS-EBD | Home and Community Based Services - Elderly, Blind, and Disabled |
| HCBS-MI | Home and Community Based Services - Mentally Ill |
| HCBS-PLWA | Home and Community Based Services - Persons Living with AIDS |
| HCBS-SLS | Home and Community Based Services - Supported Living Services (for persons with developmental disabilities) |
| HCPCS | The Centers for Medicare and Medicaid Services' Common Procedure Coding System – outpatient and supplies |
| HCPF | Colorado Department of Health Care Policy and Financing - Colorado's Single State Agency for Medicaid |
| Health Insurance Buy-In | Premium and coinsurance/deductible payments for private health insurance policies for Medicaid clients when it can be shown to be cost effective |
| HEDIS | Healthplan Employer Data and Information Set - a group of national measures used to compare health plans |
| HECF | Health, Environment, Children and Families – former name of a Senate Committee of the State Legislature |
| HEWI | Health, Environment, Welfare and Institutions – Committee of the State Legislature |
| HH | Home Health Care |
| HHA | Home Health Agency |
| HHS | Health and Human Services - federal agency |
| HIBI | Health Insurance Buy-In Program |
| HIFA | Health Insurance Flexibility and Accountability federal waiver |
| HIPAA | Health Insurance Portability and Accountability Act of 1996 (HIPAA) – a federal Act that simplifies health care administration by standardizing medical data transactions, codes, and identifiers and provides additional protections to the privacy and security of personal health information. |
| HMO | Health Maintenance Organization |
| Home Care Allowance | This is not a Medicaid program or service; however, most Home Care Allowance eligible are also Medicaid eligible. Services are for persons residing in their own homes and include personal care and supportive services. It is funded through 95% General Fund and up to a 5% local match |
| Home Mod | Home Modification |
| ICF | Intermediate Care Facility |
| ICF-MR | Intermediate Care Facility - Mentally Retarded |

| Acronym/Term | Description |
|---------------|---|
| IHC | Indian Health Centers |
| IHSS | In-Home Support Services |
| IMAP | Information Management Annual Plan |
| IMC | Information Management Commission |
| Income Trusts | Court approved trust used in Medicaid |
| Indigent Care | See CACP |
| Inpatient | Inpatient Hospital Care |
| IT | Information Technology |
| Lab/X-ray | Laboratory and Radiology Services |
| LAN | Local Area Network |
| LOS | Length of Stay |
| LPN | Licensed Practical Nurse |
| LTC | Long Term Care |
| LTC-101 | Long Term Care Assessment Form |
| LTC-102 | Monthly home and community based services non-diversion/termination report form |
| LTC-103 | Home and community based services case plan form |
| LTC-104 | Home and community based services case plan revision form |
| LTC-105 | Home and community based services prior approval and cost containment form |
| LTC-106A | Client payment form for home and community based services - 300% non alternative care facility clients |
| LTC-106B | Client payment form for home and community based services - all alternative care facility clients |
| LTC-107 | Home and community based services notice of service status/eligibility form |
| LTC-108 | Home and community based services statement of services - claim form |
| LTC-109 | Home and community based services form for application of individual providers |
| LTC-110 | Home and community based services form for monthly listing of new individual providers, re-certifications, de-certification |
| LTC-111 | Home and community based services complaint information form |
| MA | Medical Assistance |
| MAC | Medicaid Authorization Card |
| MAC | Medical Assistance Advisory Council |
| MAC | Maximum Allowable Cost |

| Acronym/Term | Description |
|-----------------|--|
| MMA | Medicare Modernization Act or the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003 |
| MCCS | Medicaid Coordinated Care System |
| MCO | Managed Care Organization |
| MCPI | Medical Consumer Price Index |
| MD | Medical Doctor |
| MDS 2.0 | Minimum Data Set for resident assessment. |
| Medicare | That portion of the Social Security Act which provides health care benefits to citizens over age 65 or under age 65 who are permanently disabled or suffering from chronic renal failure |
| Medicare Part A | That part of Medicare law providing for in-patient hospitalization, State nursing facility care, nursing facility benefits, and home health services to senior citizens |
| Medicare Part B | A supplement to Part A for physicians' services, outpatient hospital services, and other supplies. Waivers were granted in 1996 to enable use of resource utilization groupings for routine costs. |
| Medicare Part C | The Medicare Advantage, on managed care benefit |
| Medicare Part D | An optional prescription drug benefit for Medicare beneficiaries (not optional for dual eligibles) effective January 1, 2006 |
| Mental Health | This refers to the mental health care provided through the community mental health centers |
| MHASA | Mental Health Assessment and Services Agency - Contractual providers for the mental health capitation program operated by the Department of Human Services. |
| MI | Medically Indigent |
| MIA | Monthly Income Allowance |
| MMIS | Medicaid Management Information System |
| MMMNA | Minimum Monthly Maintenance Needs Allowance |
| MR | Mentally Retarded |
| MRI | Magnetic Resonance Imaging |
| MSR | Monthly Status Report required for ongoing cash assistance in the Temporary Assistance to Needy Families program |
| Needy Newborn | Babies born to mothers on Medicaid at the time of the baby's birth |
| NEHI | New Employment Incentives for Independence grant |
| NF | Nursing Facility |
| NFT | Nursing Facility Transitions federal grant |

| Acronym/Term | Description |
|----------------|---|
| Non-Citizens | Adults and/or children who have not established legal residence in the US and certain qualifications of legal immigrants who meet certain eligibility requirements; a Medicaid eligibility category appropriated in the Long Bill |
| NPI | National Provider Identifier – A standard under HIPAA that requires a single identification number for every health care provider. |
| OAP A - SSI | Old Age Pension - Supplemental Security Income for persons 65 years of age or older |
| OAP B - SSI | Old Age Pension – Supplemental Security Income for disabled person 60 to 64 years of age |
| OAP SO | Old Age Pension - State Only health and medical benefits, can be Old Age Pension A or Old Age Pension B, but not necessarily disabled |
| OAP SMP | Old Age Pension - State Medical Program; the current term for OAP SO |
| OASDI | Old Age Survivors Disability Insurance |
| OBRA | Omnibus Budget Reconciliation Act |
| OIG | Office of Inspector General |
| OLTC | Options for Long Term Care |
| OMB | Office of Management and Budget (Federal) |
| OP | Outpatient |
| Option/Mandate | Certain Medicaid services are mandated by federal law as a condition of participating in the federal Medicaid program and certain others are optional for the states |
| OT | Occupational Therapy |
| OT/PT/ST | Occupational Therapy/Physical Therapy/Speech Therapy |
| Outpatient | Outpatient hospital services includes all hospital-based outpatient care ranging from emergency room to hospital based care |
| PACE | Programs of All Inclusive Care for the Elderly |
| PAR | Prior Authorization Review |
| PASARR | Pre Admission Screening and Annual Resident Reviews |
| PC | Personal Care |
| PCBH | Personal Care Boarding Home |
| PCP | Primary Care Physician |
| PCPP | Primary Care Physician Program |
| PDN | Private Duty Nursing |

| Acronym/Term | Description |
|-------------------|--|
| PE | Presumptive Eligibility -Temporary eligibility for Medicaid and Child Health Plan Plus pregnant women |
| PETI | Post Eligibility Treatment of Income |
| PERA | Public Employee Retirement Association |
| PHP | Prepaid Health Plan |
| Physician | Physician’s services are those ranging from family practice to specialty care. |
| Pickle | Eligibility group named after the House sponsor of a 1977 amendment to the Social Security Act. Its intention is to reinstate Medicaid to former Supplemental Security Income recipients less cost of living adjustments. |
| PIU | Program Integrity Unit |
| PLWA | Persons Living With AIDS |
| POC | Plan of Care |
| POTS | This is not an acronym. It is a term used for common policy allocations, appropriated to individual lines that in the next year show in Personal Services. Examples include Salary Survey; Health, Life, and Dental; Short Term Disability; and Performance-based Pay. |
| PPS | Prospective Payment System |
| Prescription Drug | Includes payment for all drugs provided through Medicaid including those dispensed in nursing homes, but excluding those which are dispensed in the inpatient hospital setting |
| PRO | Peer Review Organization |
| PRWORA | Personal Responsibility and Work Opportunity Act; a federal law also know as Welfare Reform on 1996 |
| PT | Physical Therapy/Speech Therapy |
| QA | Quality Assurance |
| QCIP | Quality of Care Incentive Program |
| QDWI | Qualified Disabled and Working Individuals |
| QI-1 | Medicare Qualified Individual 1 |
| QI-2 | Medicare Qualified Individual 2 |
| QMB | Qualified Medicare Beneficiary; a Medicaid eligibility category appropriated in the Long Bill |
| QMB – Dual | Qualified Medicare Beneficiary – who receives Medicaid and/or other insurance |
| QMB - Only | Qualified Medicare Beneficiary – eligible for Medicare Part B premium, co-insurance and deductibles |

| Acronym/Term | Description |
|-----------------------------|---|
| Rebate - Prescription Drugs | Medicaid prescription drug adjustment. Manufacturers rebate Medicaid drug expenses for certain items. The rebates are not accounted for in the Medicaid Management Information System and are handled manually through accounting transactions. |
| Residential Program | The residential care provided for as part of the home and community based services for the developmentally disabled waiver. |
| ResQuIP | Resident Centered Quality Improvement Program |
| RFI | Request for Information |
| RFP | Request for Proposals |
| RHC | Rural Health Clinic |
| Ribicoff Children | Children 6-19 born after September 30, 1983 – Eligibility category |
| RN | Registered Nurse |
| RTC | Residential Treatment Center - children with behavioral problems |
| RUGs | Resource Utilization Groupings |
| SB | Senate Bill (of Colorado General Assembly) |
| SCRC | Systems Change for Real Choices federal grant |
| SED Sites | Satellite Eligibility Determination Sites |
| SEP | Single Entry Point |
| SFY | State Fiscal Year (see FY) |
| SHEA | State Health Expenditure Account |
| SIDMOD | State Identification Module |
| Single State Agency | Federal designation of one agency per state responsible for administration of Medicaid |
| SISC | Supplemental Security Income Status Code |
| SLMB or SLIMB | Special Low-Income Medicare Beneficiaries; a Medicaid eligibility category appropriated in the Long Bill |
| SMIB | Supplemental Medical Insurance Benefits |
| SMSA | Standard Metropolitan Statistical Area |
| SNF | Skilled Nursing Facility |
| SPA | Single Purpose Application |
| Spec | Specialty Physician |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |

| Acronym/Term | Description |
|--------------|---|
| SSI | Supplemental Security Income |
| SSI 65+ | Supplemental Security Income Adults 65 and Older; a Medicaid eligibility category appropriated in the Long Bill (previously OAP-A) |
| SSI 60-64 | Supplemental Security Income Adults 60 to 64; a Medicaid eligibility category appropriated in the Long Bill (previously OAP-B) |
| SSI Disabled | Or “Disabled,” Supplemental Security Income Disabled Individuals; a Medicaid eligibility category appropriated in the Long Bill |
| SSI Eligible | All who meet SSI guidelines are eligible for Medicaid |
| ST | Speech Therapy |
| STARS | Services, Tracking, Analysis, and Reporting System; a historical system now replaced by BOA |
| SURS | Surveillance Utilization Review System |
| TANF | Temporary Assistance to Needy Families (changed to Aid to Families with Dependent Children in 1996) |
| TCN | Transaction Control Number; this is the unique number assigned by the Medicaid Management Information System to identify an individual claims |
| TCS | Transaction Code Sets ; the HIPAA standard that specifies formats and values that can be used during the electronic submission of data |
| TISI | Treatment of Institutionalized Spouse’s Income |
| Title XIX | Social Security Act - Medicaid |
| Title XVIII | Social Security Act - Medicare |
| Title XXI | Refers to State children’s health insurance plan |
| TM | Transitional Medicaid adults and adults with children leaving 1931 eligibility due to increased earned income who are guaranteed continuation of Medicaid under certain eligibility qualifications. |
| TPA | Third Party Administrator |
| TPL | Third Party Liability |
| TPR | Third Party Recovery |
| Trails | Children, Youth, and Families System, including Foster Care |
| TWWIIA | Ticket to Work, Work Incentives – federal provisions that permit states to create Medicaid buy-in programs |
| TWFC | Transfer Without Fair Consideration |
| UB92 | Uniform billing form 92 – Centers for Medicaid/Medicare 1450 |

| Acronym/Term | Description |
|----------------------|--|
| ULTC-100 | Uniform long term care - client needs assessment tool form |
| ULTC-100.2 | Uniform long term care - client needs assessment tool form – updated. A web based system for long term care eligibility assessment used by Single Entry point Agencies and Community Center Boards |
| Under 21 Psych. | Private psychiatric hospital care for persons under age 21 |
| Undocumented | See Non-citizens – eligible for emergency services only |
| UPL | Upper Payment Limit; a federal maximum payment used for federal financing |
| UR | Utilization Review |
| Vol. 8 | Rules manual for Health Care Policy and Financing |
| Wrap Around Services | Medicaid services that are not covered by health maintenance organizations, but that are covered for Medicaid clients enrolled in health maintenance organizations by referral or direct access to fee-for-service Medicaid providers. |
| YTD | Year To Date |