

**FY 2009-10 Budget Request
Glossary and Acronyms**

The Office of State Planning and Budgeting glossary can be found at <http://www.colorado.gov/cs/Satellite/GovRitter/GOVR/1189586078602>.
The State Legislative glossary can be found at http://www.state.co.us/gov_dir/leg_dir/lcsstaff/StaffInfo/definitions.htm.

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.
340B	340B is a federally administered program that allows covered entities to provide low priced outpatient prescription drugs to their patients.
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)

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
AFDC-C	Aid to Families with Dependent Children – Children (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF)
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.
annualization	An adjustment of partial year funding or the removal of one-time funding in an appropriation from the previous fiscal year to reflect appropriate funding for the full request year
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
BRI	Base Reduction Item, a type of budgetary Change Request decreasing General Fund in an upcoming fiscal year.
BUS	Benefits Utilization System; a web-based system for long-term care eligibility assessments (the ULTC 100.2 form)

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
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. This designation has been eliminated for FY 2008-09 and onwards and replaced with the designation Reappropriated Funds.
CFMC	Colorado Foundation for Medical Care, a Quality Improvement 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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
CHCBS	The Children's Home- and Community-Based Services
Children's HCBS	Home and community-based services waiver for children with physical disabilities
CHP+	Child Health Plan <i>Plus</i> , 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)
Clawback	A monthly payment made by the state to the federal Medicare program, roughly in the amount that the state would have spent on prescription drugs for dual eligible client in the absence of the MMA.
CMO	Care Management Organization
CMPN	Colorado Medicaid Provider Network
CMS	The Centers for Medicare and Medicaid Services, previously the federal Health Care Financing Administration (HCFA)
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
CPT-6	Current Procedural Terminology - physician reimbursement guide
CRS	Colorado Revised Statutes
C-SEAP	Colorado State Employee Assistance Program
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
Deficit Reduction Act	The Deficit Reduction Act of 2005. A federal bill designed to slow the rate of spending growth for Medicare, Medicaid and Social Security.
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
DHS	Colorado Department of Human Services
DI	Decision Item, a type of budgetary Change Request for additional General Fund in an upcoming fiscal year
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
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
Figure Setting	A JBC meeting discussing a fiscal year budget request
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.

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
Fiscal note	A report of the estimation of funds needed to finance a legislative bill.
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 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.
Goebel	Lawsuit on behalf of residents of northwest Denver with chronic mental illness claiming a denial of services
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
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)

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
IBNR	Incurred but not reported. Adjustments to future payments or claims based on the analysis of previous data patterns.
ICF	Intermediate Care Facility
ICFs/MR	Intermediate Care Facility - Mentally Retarded
IHC	Indian Health Centers
IHSS	In-Home Support Services

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
IMAP	Information Management Annual Plan
IMC	Information Management Commission
Income Trusts	Court approved trust used in Medicaid
Indigent Care	See CICIP
Inpatient	Inpatient Hospital Care
IT	Information Technology
JBC	The Joint Budget Committee
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

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	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
MEQC	Medicaid Eligibility Quality Control Unit
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
NF	Nursing Facility
NFT	Nursing Facility Transitions federal grant
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
Non-Prioritized Decision Items	A Change Request originating from one department but affecting the budget of a different department
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
OSA	Office of the State Auditor
OSPB	The Office of State Planning and Budgeting
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
PASRR	Pre Admission Screening and Annual Resident Reviews
PC	Personal Care
PCBH	Personal Care Boarding Home
PCP	Primary Care Physician
PCPP	Primary Care Physician Program
PDL	Preferred Drug List. A utilization mechanism designed to control costs for drugs for clients who are using the Medical Assistance Program
PDN	Private Duty Nursing
PE	Presumptive Eligibility -Temporary eligibility for Medicaid and Child Health Plan <i>Plus</i> pregnant women
PETI	Post Eligibility Treatment of Income
PERA	Public Employee Retirement Association
PERM	Payment Error Rate Measurement Program
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. The new CMS designation is QIO, Quality Improvement Organization
PRWORA	Personal Responsibility and Work Opportunity Act; a federal law also know as Welfare Reform on 1996

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
Reappropriated Funds	Funds originally appropriated to one department and subsequently transferred to another department. Replaces the designation of Cash Funds Exempt in FY 2009-10 onwards.
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.
Referendum C	A voter-approved referendum suspending the Taxpayers’ Bill of Rights (TABOR) and allowing the state to retain any budgetary surplus from June 30, 2006 to 2010.
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
Roll-forward	Approval of a transfer of a fiscal year’s unexpended funds to the subsequent fiscal year
RTC	Residential Treatment Center - children with behavioral problems
RUGs	Resource Utilization Groupings
SAVE	Systematic Alien Verification of Entitlement Program
SB	Senate Bill (of Colorado General Assembly)
SCRC	Systems Change for Real Choices federal grant

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
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
TABOR	The Taxpayers’ Bill of Rights
TANF	Temporary Assistance to Needy Families (changed from Aid to Families with Dependent Children in 1996; also referred to as Colorado Works)

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
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
Telemedicine	Systems of electronic communication between patients and medical practitioners to coordinate patient care
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
TWWIA	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
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

Glossary and Acronyms FY 2009-10 BUDGET REQUEST

Acronym/Term	Description
Waiver	A certain eligibility criteria that allows clients to apply for Medicaid who are not eligible under traditional Medicaid program categories or allows clients to receive services that are not part of the traditional Medicaid program.
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