Acronym/Word	Acronym Meaning	Definition
300%ers		Persons whose income is up to three times the SSI payment limit. This optional eligibility category is eligible for Medicaid by virtue of their need for long-term care services.
340B		Federally administered program that allows covered entities to provide low-priced outpatient prescription drugs to clients.
1281		HB12-1281(authorizes an ACC payment reform pilot to provide managed care with full risk capitation payments for covered services and wrap-around Medicaid benefits for those services that aren't covered under the pilot).
1293		HB09-1293 (allows HCPF to collect a hospital provider fee in order to fund other programs)
1931 Family		Section of the federal law (TANF) from which the Medicaid group eligibility is derived.
A&A	Aid and Attendance	VA benefit for veterans and surviving spouses who require assistance with daily living, as well as those who are blind, in a nursing facility due to an incapacity, or in an assisted living facility.
A&G	Administrative and General	
A/CSA	Alcohol/Controlled Substance Abuse	
AAA	Area Agency on Aging	An agency established under the Older Americans Act to plan and provide social and nutrition services for elders and support for caregivers to keep seniors living independently in their own homes.
AABD	Aid to the Aged, Blind, and Disabled	Federal term for a program that provides cash benefits for daily essentials (food, clothing, shelter, etc.) for elders or those who meet the SSA definition of disabled.
AARP	American Association of Retired Persons	Non-profit organization that protects the rights and interests of retirement-aged individuals and informs its members of the rights and benefits they are entitled to.
AAFP	American Academy of Family Physicians	AAFP is one of the largest medical organizations in the United States.
AAMC	Association of American Medical Colleges	A DC-based nonprofit that administers the Medical College Admission Test and tracks various clinical metrics.
AAP	American Academy of Pediatrics	A professional association of pediatricians. AAP also has a large publishing arm.
AAS	Aging and Adult Services	Division under CDHS that exists to provide state leadership and supervision to all 64 county departments of social/human services in the administration of their adult protective services programs and to 16 Area Agencies on Aging in the administration of Older Americans Act programs.
AB	Aid to the Blind	The Aid To The Blind program provides a small cash assistance benefit to low-income residents who meet the Social Security Administration's definition of blindness.

ABM	Alternative Benefit Management	The alternative set of Medicaid services created under the ACA. Has 10 essential benefits. Differs slightly from Colorado's "Base Medicaid".
ABP	Alternative Benefit Package	The Medicaid benefits available to enrollees under the ACA's 10 mandates services in ACA.
AB-T	Aid to the Blind Treatment	The Aid to the Blind Treatment program provides assistance to eligible applicants who are in need of eye surgery and/or treatment to prevent blindness or to restore sight and who do not meet the eligibility factors for a categorical assistance program that provides medical coverage or for eye treatment services under the State Rehabilitation Services program.
ABP	Alternative Benefits Plan or Alternative Benefits Package	A benefit plan for Medicaid expansion clients required by the ACA that contains two new benefits not included in the base Medicaid package: Preventive Services and Habilitative Services.
ACA/PPACA	Affordable Care Act/Patient Protection and Affordable Care Act	Federal statute signed into law in 2010. Aims to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage, and reduce the costs of healthcare for individuals and the government. Also called Obamacare and Health Care Reform
ACC	Accountable Care Collaborative	A program designed to affordably optimize client health, functioning and self-sufficiency. The primary goals of the ACC Program are to improve Medicaid client health outcomes and control costs. Regional Care Collaborative Organizations (RCCOs), a Statewide Data and Analytics Contractor (SDAC), and Primary Care Medical Providers (PCMPs)that will serve as Medical Homes will work together in collaboration with ACC Program Members and other Medicaid providers to optimize the delivery of outcomes-based, cost-effective health care services.
ACF	Administration for Children and Families/Alternative Care Facility	The Administration of Children and Families is a division of the federal Department of Health and Human Services that promotes the economic and social well-being of families, children, individuals, and communities. An alternative care facility is an assisted living residential care setting that provides 24 hour protective oversight, daily living skills assistance, personal care services, and homemaker services in a community-based environment. The sites are Medicaid certified.
ACL	Audit Command Language	Software manufacturer. Used in data extraction and analysis. Often employed for fraud detection / prevention and risk management.

ACLS	Advanced Cardiac Life Support	A set of clinical interventions for the urgent treatment of cardiac arrest, stroke and other life-threatening medical emergencies.
ACO	Accountable Care Organization	An organization that accepts accountability for the total cost of care received by a population and encourages providers to coordinate care.
ACS	Affiliated Computer Services	HCPF's Fiscal Agent for Medicaid claims processing and reporting as of December 1999. Formerly known as Consultec. Now owned by Xerox State Healthcare.
ACSES	Automated Child Support Enforcement System	
ACSW	Academy of Certified Social Workers	
ACTION	Federal Volunteer Support Agency	
AD	Aid to the Disabled	(Federal Term)
ADA	Americans with Disabilities Act	Prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. The ADA also establishes requirements for telecommunications relay services.
ADAD	Alcohol and Drug Abuse Division	Now DHS-Division of Behavioral Health
ADAPT	Americans with Disabilities for Accessible Public Transit	A Denver-based lobbying and advocacy organization focused on access for individuals with disabilities
ADC	Adult Day Care	
ADEA	Age Discrimination in Employment Act	
ADLs	Activities of Daily Living	
ADP	Automated Data Processing	
ADS	Adult Day Services	
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	This is not a Medicaid program or service; however, many AFC eligible are also Medicaid eligible. This provides residential care with supervision for client medications, etc. While these services are not as extensive as those rendered in a nursing home, they do represent an important component of a "continuum" of long term care. It is funded through a 95% General Fund and a 5% local match.
AFCARS	Adoption and Foster Care Analysis and Reporting System	Federal reporting requirements for all states.
AFCS101	Adult Family and Children Services System	

AFDC	Aid to Families with Dependent Children	Financial Assistance Program that some people refer to this as welfare. (Do not use the term welfare). (A pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF.)
AFDC-A	Aid to Families with Dependent Children - Adults	
AFDC-C	Aid to Families with Dependent Children - Children	
AG	Attorney General	
AGO	Attorney General Opinion	
AHCPR	Agency for Health Care Policy and Research	The legacy name for AHRQ, which is an agency within HHS.
AHRQ	Agency for Health Care Research and Quality	An agency within HHS that is tasked with producing guidelines and investigating state health programs.
AHD	Advanced Help Desk	
AIDS	Acquired Immune Deficiency Syndrome	
ALJ	Administrative Law Judge	
Allowed Charge		The amount Medicare will consider for payment for a given service or supply.
ALR	Assisted Living Residence	
AMA	American Medical Association	The largest association of physicians in the world.
AMO	Asset Management Option	
AMP	Average Manufacturer Price	
AMPS	Automated Medicaid Payment System	Electronic claims system.
AMQM	Adult Medicaid Quality Measures	ACA evidence-based adult health quality measures. Includes small-scale, state-administered grant programs.
Ancillary Services		Those services and supplies provided to patients on an as-needed basis.
AND	Aid to the Needy Disabled	The Aid To The Needy Disabled program provides a small cash assistance benefit to low-income Colorado residents age 18 – 59 who have at least a six-month total disability that precludes them from working. (State only funded program; not SSI)
AND/AB	Aid to the Needy Disabled/Aid to the Blind	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	
APCD	All Payer Claims Database	Database that provides transparent data to support improving health, health care quality and cost containment.
APD	Advance Planning Document	
APM	Alternative Payment Methodology	An APM is generally specific to a particular type of facility or MCO. For example, a CHC APM.
APPLS	Automated Personnel Payroll Ledger System	
APPLS-ACS	Automated Personnel Payroll Ledger System - Admin Cost System	
APS	Adult Protective Services	
APTD	Aid to the Permanently and Totally Disabled	(Federal Term)
ARENA	Adoption Resource Exchange of North America	
ARF	Adjustment Request Form	Obsolete -- Used by CSC
ARRA	American Recovery and Reinvestment Act	Economic Stimulus
ASA	American Society of Aging	
ASC	Ambulatory Surgical Center	
ASO	Administrative Service Organization	An entity that manages healthcare networks or payments. Similar, in many respects, to an HMO.
ATP	Authorization to Participate	(Food Stamps)
AU	Administrative Unit	
AWoDC	Adults without Dependent Children	AWoDC was the code for Colorado's original expansion of Medicaid, as paid for by the 1293 "Hospital Provider Fee"
AWP	Average Wholesale Price	
BA	Business Agreement	Agreements between entities and the state that allows sharing of PHI among each other
BAA	Business Associate Agreement	A BAA is a type of contract required by HHS when certain health care entities work together. It defines the scope of a relationship and allows for PHI sharing.
BC/BS	Blue Cross Blue Shield of Colorado	
BC-KC	Baby Care - Kids Care Program	
BCA	Baby Care Adults	
BCC	Baby Care Children	

BCCP	Breast and Cervical Cancer Program	
BCR	Birthing Cost Recovery	
BEA	Federal Bureau of Economic Analysis	
BENDEX	Beneficiary Data Exchange	
Beneficiary		One who is entitled to receive Medicare benefits
Benefits		The scope of services available to Medicare beneficiaries
BEOG	Basic Educational Opportunity Grant	
BHO	Behavioral Health Organization	Behavioral Health Organization; capitated contractual providers for Medicaid community mental health formerly Mental Health Assessment and Services. Agencies (MHASAs).
BI	Brain Injury	
BIA	Bureau of Indian Affairs	
BIDM	Business Intelligence and Data Management	A forthcoming business intelligence platform. Designed to integrate with the MMIS and supplement/replace the current SDAC system.
BIDS	Bid Information and Distribution System	Colorado procurement information system
BL	Black Lung	
BLS	Federal Bureau of Labor Statistics	
BMS	Bureau of Medical Services	Obsolete -- Now MS
BOA	Business Objects Application	Replaced by COGNOS
BOB	Book of Business	A relationship management technique used by businesses in order to maintain a closer connection with high-value customers.
BOH	Board of Health	
BPHC	Bureau of Primary Health Care	Part of HHS' HRSA, BPHC supports the county's network of safety bet health clinics.
BPL	Below Poverty Level	
BPR	Business Process Reengineering	
BQuIC	Behavioral Health Quality Improvement Committee	
BRFSS	Behavioral Risk Factor Surveillance System	The BRFSS is a state-based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.
BRI	Base Reduction Item	A type of budgetary Change Request decreasing General Fund in an upcoming fiscal year.
BSC	Balanced Score Card	
BSW	Bachelors of Social Work	
BUS	Benefits Utilization System	A web-based system for long-term care eligibility assessments (the ULTC 100.2 form)

C5A	Colorado Association of Area Agency on Aging Advisors	
CA	Computer Association	Unicenter
CAAS	Certified Application Assistance Site	
CACTIS	Colorado Automated Client Tracking Information System	Replaced by CBMS
CAFSS	Colorado Automated Food Stamp System	Replaced by CBMS
CAH	Critical Access Hospitals	These hospitals can get cost-based reimbursement from Medicare, rather than fixed reimbursement; this improves profitability for small, rural hospitals.
CAHHA	Colorado Association of Home Health Agencies	
CAHI	Colorado Alliance for Health and Independence	
CAHPS	Consumer Assessment of Healthcare Providers and Systems	A health care customer satisfaction survey.
CAHSA	Colorado Association of Homes and Services for the Aging	
CALPHO	Colorado Association of Local Public Health Officials	A semi-official professional organization of LPHA leaders.
CAP	Colorado Admissions Program Corrective Action Plan	
CAPD	Continuous Ambulatory Peritoneal Dialysis	
Capitation		Premium payment that is paid to the health plan every month by the State for each enrolled client.
CAPS	County Automated Payment System	
CARC	Colorado Association for Retarted Children	
CARS	COIN Accounts Receivable System	Replaced by CBMS
Carve-Out		A benefit or service that is not included under an otherwise global services agreement, such as the Medicaid mental health capitation program
CASE	Computer Aided Software Engineering	
Case Mix Demo		A pilot effort directed by CMS to test and prove CM using the MDS and RUG 3 as the Case Mix Reimbursement System for Medicare SNF patients. KS, MS, ME, TX, NY, SD are the participating states.
CAT Scans	Computerized Axial Tomography Scans	

CBHC	Colorado Behavioral Healthcare Council	
CBHP	Children's Basic Health Plan	
CBLTC	Community-Based Long-Term Care	
CBMS	Colorado Benefits Management System	The state's eligibility system that determines eligibility for Medicaid, CHP+, as well as other programs such as food stamps. Replaced COIN.
CBO	Community-Based Organization	
CBP	Common Business Process	
CBT	Computer-Based Training	
CC	Core Competency	
CCAR	Colorado Client Assessment Record	
CCB	Community-Centered Board	A non-profit organization designated in statute as the single entry point into the long-term services and support system for persons with developmental disabilities.
CCCC	Community Care of Central Colorado	CCCC is the entity serving as RCCO 7 in the central part of the state.
CCDC	Colorado Cross-Disability Coalition	The CCDC is a statewide organization run by and for people with all types of disabilities. Their representatives frequently attend Department stakeholder meetings.
CCH	Colorado Coalition for the Homeless	
CCHA	Colorado Community Health Alliance	
CCHI	Colorado Consumer Health Initiative	
CCHIT	Certification Commission for Health Information Technology	Is an independent, 501(c)3 nonprofit organization with the public mission of accelerating the adoption of robust, interoperable health information technology. The Commission has been certifying electronic health record technology since 2006 and is approved by the Office of the National Coordinator for Health Information Technology (ONC) of the U.S. Department of Health and Human Services (HHS) as an Authorized Testing and Certification Body (ONC-ATCB). The CCHIT certified program is an independently developed certification that includes a rigorous inspection of an EHR's integrated functionality, interoperability and security using criteria developed by CCHIT's broadly representative, expert work groups. These products may also be certified in the ONC-ATCB certification program.
CCHN	Colorado Community Health Network	Association of FQHCs
CCI	Colorado Counties, Inc.	
CCMCN	Colorado Community Managed Care Network	An advocacy organization involved with managed care.
CCOA	Colorado Commission on Aging	
CCPD	Continuous Cycling Peritoneal Dialysis	

CCR	Code of Colorado Regulation	
CCSO	Colorado Congress of Senior Organization	
CDASS	Consumer Directed Attendant Support Services	
CDCE	Consumer Directed Care for the Elderly	
CDF	Colorado Drug Formulary	
CDHCPF	Colorado Department of Health Care Policy and Financing	
CDHS	Colorado Department of Human Services	
CDOLE	Colorado Department of Labor and Employment	
CDOR	Colorado Department of Revenue	
CDORA	Colorado Department of Regulatory Agencies	
CDPA	Colorado Department of Personnel & Administration	
CDPH&E	Colorado Department of Public Health and Environment	
CDPHE	Colorado Department of Public Health and Environment	
CDPS	Chronic Disease Payment System Colorado Department of Public Safety	
CDS	OYS Client Data System	
CDSS	Colorado Department of Social Services County Department of Social Services County Department of Human Services	
CDT	Current Dental Terminology	
CE	Continuous Enrollment Covered Entity	Continuous enrollment is used in the MMIS to refer to a client who has been disenrolled from a health plan and re-enrolled into the same health plan by the MMIS. This happens when a client loses and then regains Medicaid eligibility within 60 days.
CEDARS	Colorado Eligibility Disbursement and Reporting System	
CEH	Colorado Evidentiary Hearing	
Ceiling		Medicare term for maximum time/payment/etc.

CELI-A	Categorically Eligible Low-Income Adults	A Medicaid eligibility category appropriated in the Long Bill (previously AFDC-A)
CES	Children's Extensive Support	Home- and Community-Based Services
CETA	Comprehensive Employment and Training Act	
CF	Cash Funds	
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	The Colorado Foundation for Medical Care is Colorado's health care quality improvement organization. CFMC works collaboratively with government programs, health providers, and managed care companies to improve the quality of health care.
CFMS	County Financial Management System	
CFR	Code of Federal Regulations	Approved federal regulations. Nomenclature would be, for example: "42 CFR, Chapter 1, Part 2"
CGS	Colorado Gerontological Society	
CGTS	Colorado Government Technology Service Division	
CHA	Colorado Hospital Association	
CHAMP	Colorado Comprehensive Health Access Modernization Program	also HRSA-SHAP Grant
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services	
CHATS	Child Care Automated Tracking System	
CHC	Community Health Center	CHCs and FQHCs are often used interchangeably to refer to safety net clinics.
CHCA	Colorado Health Care Association	
CHCAA	Colorado Health Care Affordability Act	also called the Hospital Provider Fee or HB 09-1293
CHCBS	Children's Home- and Community-Based Services	HCBS for children with physical disabilities.
CHCS	Center for Health Care Strategies, Inc.	
CHF	Colorado Health Foundation	
CHFA	Colorado Housing Finance Authority	
CHI	Colorado Health Institute	
CHINS	Children in Need of Supervision	

CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009	
CHOW	Change of Ownership	
CHP+	Child Health Plan Plus	Child Health Plan Plus (CHP+) is low-cost health insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.
CHRP	Children's Habilitation Residential Program	
Churn		This refers to clients who have lost eligibility and regained it and MMIS has deleted their pending enrollment.
CICJIS	Colorado Integrated Criminal Justice Information System	
CIDS 2000	Client Information Data Subsystem for the 21st Century	
CIVHC	Center for Improving Value in Health Care	A non-partisan, non-profit corporation created to identify, advance, support and promote initiatives across Colorado that enhance consumers' health care experiences, contain costs and improve the health of Coloradans by creating an efficient, high quality and transparent health care system.
Client ID (Medicaid Number)		This refers to the Medicaid ID number that every Medicaid client is assigned when they become eligible. Each client is assigned a unique number. The ID number always begins with a letter of the alphabet and is followed by 6 numbers (Y123456).
CLAG	Community Living Advisory Group	
CLPHA	Council of Large Public Housing Authorities	CLPHA is a non-profit that works to improve public / affordable housing. They are a think tank, lobbing, and education institution.
CLAS		Culturally and Linguistically Appropriate Services
CLASS I		Licensed and certified to provide general skilled nursing facility care
CLASS II		Provides care to developmentally disabled persons whose needs are best served in the community
CLASS IV		Provides care to developmentally disabled persons with intensive medical and psychosocial needs
CMAP	Colorado Medical Assistance Program	

CMERS	Colorado Medicaid Eligibility Response System	This is the automated system that providers and pharmacies can call to verify enrollment and eligibility for any Medicaid client. This system recently replaced AMPS.
CMHC	Community Mental Health Center	
CMHTA	Child Mental Health Treatment Act	Established by HB99-1116, the act allows families to access community, residential, and transitional services for a child without requiring a dependency / neglect action.
CMMA	Colorado Medical Assistance Act	
CMMI	Center for Medicare and Medicaid Innovation	Under ACA, a part of CMS built to control costs while ensuring positive health outcomes.
CMPN	Colorado Medicaid Provider Network	
CMS	Centers for Medicare & Medicaid Services	
COB	Coordination of Benefits	
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985	
COHBE	Colorado Health Benefit Exchange	The formal name for the state-run exchange known as Connect for Health Colorado.
COIN	Client Oriented Information Network	This is the old data system that county technicians used to enter client eligibility.
COLA	Cost of Living Adjustment	
COMMIT	Colorado Medicaid Management Innovation & Transformation Project	Replacing the old MMIS and building a BIDM.
Co-Pay		A small fee for doctors visits or prescriptions.
COPPR	Coordinated Payment and Payment Reform	

CORA	Colorado Open Records Act	A CRS requiring that most public records be available to the public. Most HCPF communications and other documents are subject to CORA.
CORHIO	Colorado Regional Health Information Organization	A non-profit organization in Colorado that serves consumers, employers, doctors, hospitals, nursing homes, pharmacies, home health agencies, health plans and local health information exchanges to support the improvement of health of Coloradans through the use of health information technology. CORHIO provides collaboration/convening services to communities and offers secure and confidential technical services where needed.
COUP	Client Over-Utilization Program	
CPB	Change in Priorities Board	The CPB meets to determine which systems changes are most critical. A certain number of man-hours are available for changes; changes below the redline cannot be completed.
CPC	Comprehensive Primary Care	
CPT	Current Procedural Terminology	A medical code set maintained by the American Medical Association and used for coding by CMS.
CQM	Clinical Quality-Control Measures	Used by CMS to measure and track the quality of healthcare services as part of the EHR reforms.
CRG	Clinical Risk Group	CRG scores are similar to DRG weights. CRG is a 3M mechanism used for capitation payments wherein risk (a numeric score) is converted to a payment amount or estimate.
CRICC	Colorado Regional Integrated Care Collaborative	A PCCM precursor to the ACC. In particular, the system run by Colorado Access.
CSHCN	Children with Special Health Care Needs	
CSHP	Colorado Springs Health Plan	
CSR	Change System Request	A CSR must be filed with MMIS every time a systems change is needed.
CWA	Children with Autism	
CWFC	Child Welfare-Foster Care	CWFC is administered by CDHS.
CWS	Division of Child Welfare Services	
CY	Calendar Year	

DAC	Disabled Adult Child	
DAWG	Deliverables Action Work Group	A Department / RCCO work group assigned to review and collaborate on the RCCOs' contractually-required deliverables.
DDD	Department for Developmental Disabilities	Formerly a part of CDHS, now a part of HCPF. Provides leadership for the direction, funding, and operation of services to persons with developmental disabilities.
DDS	Disability Determination Services	
DFM	Department of Family Medicine	Design for Manufacturability
DIDD	Division for Intellectual and Developmental Disabilities	
Disenrollment		To discontinue services /coverage from a health plan (to end an enrollment).
DME	Durable Medical Equipment	Is a term of art used to describe any medical equipment used in the home to aid in a better quality of living. It is a benefit included in most insurances. In some cases certain Medicare benefits, that is, whether Medicare may pay for the item. The item is defined by Title XIX for Medicaid:
DOI	The Colorado Division of Insurance	The Division of Insurance is a section of DORA tasked with regulating health plans and other entities that require licensure.
DRC	Disenrollment Reporting / Reason Code	DRCs are numeric values used to indicate why a client was disenrolled from a program. A field in MMIS.
DRG	Diagnosis Related Groups	Groups of patients with similar clinical characteristics and costs. Payment plans based off average for all patients within a DRG.
DSH	Disproportionate Share Hospital	Special payments to hospitals that serve a disproportionate share of Medicaid and low-income patients.
DSNP	Dual Eligible Special Need Plans	Also stylized D-SNP, enroll beneficiaries who are entitled to both Medicare (Title XVIII) and Medical Assistance from a State Plan under Title XIX (Medicaid
DUR	Drug Utilization Review	DUR is a type of utilization management which makes use of retrospective review. The DUR Board establishes best practices and reviews cases.
E&M	Evaluation and Management Services	E&M coding is a billing process that practicing doctors use to be reimbursed by Medicare, Medicaid, and private insurance for patient encounters. Not to be confused with M&E.

EBNE	Eligible But Not Enrolled	Also stylized D-SNP, enroll beneficiaries who are entitled to both Medicare (Title XVIII) and Medical Assistance from a State Plan under Title XIX (Medicaid
ECHO	Extension for Community Healthcare Outcomes	A Robert Wood Johnson Foundation project to bring specialist care to rural and underserved areas. Uses E-Medicine and virtual rounds to teach providers to become specialists.
ECPs	Essential Community Providers	Health care providers that have demonstrated a commitment to, and historically served, medically needy or medically indigent populations. These groups also make up a significant portion of its patient population. Functioning as a sole community provider, the ECP serves medically indigent patients within its medical capability, and waives charges, or charges for services on a sliding scale based on income, and does not restrict access or services because of a person's financial limitations.
EDMS	Electronic Document Management System	A component of Colorado interchange.
EDU	Emergency Department Utilization	
EHR	Electronic Health Record	An electronic health record (EHR) (also electronic patient record (EPR) or computerized patient record) is an evolving concept defined as a systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is capable of being shared across different health care settings, by being embedded in network-connected enterprise-wide information systems.
Eligibility		Qualifying for Medicaid based on income standards and/or disability.
EMR	Electronic Medical Record	
EMTALA	Emergency Medical Treatment and Active Labor Act	
Enrollment Packet		This is the initial mailing that is sent to all enrolled Medicaid clients giving the information about the health plans available in their area.
Enrollment Period		This refers to the period in which a client must remain enrolled with their current health plan before their open enrollment.
EOC	Essentials of Care / Episode of Care	More commonly used to denote an Emergency Operations Center, EOCs are the elements of care that are "fundamental to patients' health and wellbeing."
EOMB	Explanation of Medical Benefits	
EPCCM	Enhanced Primary Care Case Management	
EPSDT	Early Periodic Screening, Diagnosis and Treatment	Program that works with children under 20 who are Medicaid enrolled to get preventive health care, immunizations, testing and treatment.

EQRO	External Quality Review Organization.	
Exempt		This refers to a client who cannot enroll with a health plan. Check in Client Detail for specific information as to why the client is exempt.
Expedited Appointment Screen		The set of questions that all clients must be asked at the conclusion of every enrollment. These questions should be asked word for word every time. The information is sent to the new health plan to inform the health plan of health issues the client may have prior to their effective enrollment.
FA		*Fiscal Agent (ACS)- operates the provider claim system and MMIS database*
FAMIS	Family Assistance Management Information System	
FBMME	Full-Benefit Medicare-Medicaid Enrollee	Clients with full dual eligibility.
FED	Freestanding Emergency Department	An emergency department housed in a building unconnected to a hospital. Normally used to indicate that the FED is not financially or logistically connected to a hospital.
FER	Freestanding Emergency Room	An emergency room housed in a building unconnected to a hospital. Normally used to indicate that the FER is not financially or logistically connected to a hospital.
FFP	Federal Financial Participation	
FFS	Fee-For-Service	This refers to a Medicaid client who is not currently enrolled in a health plan. Medicaid pays for Medical Services. (This term should not be used with clients).
FICA	Federal Insurance Contribution Act	
FICF	Family Issues Cash Fund	
FIPS PUB	Federal Information Processing Standard Publication	
FMAP	Federal Medical Assistance Percentage	Are the percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs in the United States of America. FMAP eligible programs are joint federal-state partnerships between the federal government of the United States and state governments, which are administered by the states. Thus, FMAP is an example of administration of federal assistance in the United States.
FMS	Financial Management Services organization	
FPL	Federal Poverty Level	

FQHC	Federally Qualified Health Center	Is a reimbursement designation in the United States, referring to several health programs funded under the Health Center Consolidation Act (Section 330 of the Public Health Service Act).
FTE	Full Time Equivalent	Is a way to measure a worker's involvement in a project, or a student's enrollment at an educational institution. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.
FY	Fiscal Year	A fiscal year (or financial year, or sometimes budget year) is a period used for calculating annual ("yearly") financial statements in businesses and other organizations. The state fiscal year is July 1 - June 30. In many jurisdictions, regulatory laws regarding accounting and taxation require such reports once per twelve months, but do not require that the period reported on constitutes a calendar year (i.e., January through December). Fiscal years vary between businesses and countries.
Good Cause Disenrollment		This refers to the ONLY reasons that a client can disenroll during their enrollment period.
HAC	Hospital-Acquired Condition	
HCA	Home Care Allowance	
HCBS	Home- and Community-Based Services	HCBS stands for Home- and Community-Based Services. This Medicaid program is designed to assist both children and adults with disabilities to live in and become a vital member of their community. This program allows individuals with disabilities to receive precisely the services they need to enable them to live in a setting that is less restrictive than would otherwise be indicated by need.
HCCN	Health Center Controlled Network	
HCFA	Health Care Financing Administration	Created in 1965, the HCFA was the precursor to CMS. All HCFA functions are now housed within CMS.
HCI-3	Health Care Incentives Improvement Institute	
HCPCS	Healthcare Common Procedure Coding System	A set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT)
HCPF	Health Care Policy and Financing	Department at the state of Colorado that oversees all aspects of state-run health care.
HCSF	Health Care Services Fund	
HCUP	Health Care Cost and Utilization Project	HCUP creates the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information.

HEDIS	Healthcare Effectiveness and Data Information Survey	The Healthcare Effectiveness Data and Information Set was designed to allow the comparison of health plan performance between plans and with national / regional benchmarks.
HEWI	Health, Environment, Welfare & Institutions	
HH	Home Health	HH or home care is supportive care provided in the home. Medical and non-medical care are both often included under the umbrella of covered services.
HHA	Home Health Agency	An entity providing HH services.
HHS	Health and Human Services	Federal department tasked with overseeing Medicare, Medicaid, and numerous other health programs in the United States.
HIBI	Health Insurance Buy-In program	Health Insurance Buy-In (Premium and coinsurance/deductible payments for private health insurance policies for clients when it can be shown to be cost effective)
HIDB	Health Information Database	
HIE	Health Information Exchange	An IT system capable of facilitating the exchange of health / medical data between different providers or payers.
HIPAA	Health Information Portability and Accountability Act	A federal law designed to provide privacy and security standards to protect patients medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the U.S. Department of Health and Human Services, these standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country.
HIT	Health Information Technology	An electronic system that allows for comprehensive management of medical information and the secure exchange of health care data and records.
HITECH	Health Information Technology for Economic and Clinical Health	
HMO	Health Maintenance Organization.	Type of health plan that is paid a capitation payment to oversee and cover health care for their members.
HOU	High Overall Utilizer	A client who meets a certain threshold of service utilization above that which is normally sought for a similar level of acuity.
HQI	Health Quality Indicator(s)	
HQIP	Hospital Quality Incentive Payment	HQIP is managed by HCPF.

HRSA	Health Resources and Services Administration	An agency of HHS, HRSA is tasked with improving access to health care for people who are uninsured, isolated and medically vulnerable.
HSAG	Health Services Advisory Group	A private firm specializing in healthcare quality review. Based out of Arizona.
HTA	Health Technology Assessment	HTA's primary purpose is to ensure state funded medical treatments and services are safe and proven to work.
ICHP	Integrated Community health Partners	Integrated care involves coordinating the delivery of all types of health services, including physical, dental and mental health, and community-based services.
IEVS	Income Eligibility Verification System	
IHC	Indian Health Centers	
IHS	Indian Health Services	
IHSS	In Home Support Services	
IID	Immunization and Infectious Disease	IID is a series of CDC targets for population level immunization necessary to reduce or eliminate the spread of certain communicable diseases.
IRF	Inpatient Rehabilitation Facility	
LA	Legislative Aide	
LEAP	Low-Income Energy Assistance Program	
LL	Legislative Liaison	
Lock-in Period		Also known as enrollment period. (This term is not to be used with clients).
Lock-In program		Medicaid client that is locked in to one doctor and one pharmacy by the state due to excessive use or abuse of services/medications.
LOINC	Logical Observation Identifiers Names and Codes	LOINC is an electronic database for clinical care and management and is publicly available at no cost.
LPHA	Local Public Health Agency	LPHAs are county or region administered entities which provide public health tracking and information.
LPHA	Licensed Practitioner of the Healing Arts	Federal Medicaid rules do not define LPHA. States laws and rules define the scopes of practice for clinical providers that are authorized to practice within the state.
LRFI	Legislative Request for Information	The LRFI is a document produced for the GA / JBC every year outlining some aspect of Department policy -- often surrounding the ACC.
LRI	Legislative Request for Information	A formal request for department comment on a particular subject or bill.
LSB	The Legislative Services Building	The LSB is the structure immediately South of the Capitol in the old CO history museum. It houses committee chambers on the first floor and the JBC on the upper floors
LTC	Long-Term Care	

LTIPF	Long-Term Inpatient Psychiatric Facility	A long-term inpatient facility that cares for patients who have SPMI.
LTPAC	Long-Term and Post-Acute Care	
LTSS	Long-Term Services and Supports	A Medicaid program for people who need ongoing medical or social support.
M&E	Monitoring and Evaluation	M&E is the process whereby programs and measured and their effects studied and evaluated. Not to be confused with E&M.
MA	Medical Assistance	
MAC	Maximum Allowable Cost	
MAGI	Modified Adjusted Gross Income	Used to determine eligibility for Medicaid and other assistance programs. MAGI often refers to 030s or expansion clients / 133%+
Managed Care		A way of providing health services. A health plan gives all necessary health services to members.
Mandatory		Refers to a client that must enroll into a health plan.
MC	Mass Change/ Medicaid	Used in the MMIS to show a system disenrollment and/or re-enrollment for a large number of clients when a health plan closes or changes services.
MCCS	Medicaid Coordinated Care System	
MCO	Managed Care Organization	The term managed care is used in the U.S. to describe a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care ("managed care techniques") for organizations that use those techniques or provide them as services to other organizations ("managed care organization" or "MCO"), or to describe systems of financing and delivering health care to enrollees organized around managed care techniques and concepts ("managed care delivery systems").
Medicaid		A Federal/State program, finances health and long-term care for categorically eligible individuals.
Medicare		A federal system of health insurance for people over 65 years of age and for certain younger people with disabilities.
Medicare-Medicaid Enrollee		Medicare - Medicaid Enrollees - A person who has both Medicaid and Medicare
MEQC	Medicaid Eligibility Quality Control	Oversees eligibility sites' applications & case management through audits.
MFCU	Medicaid Fraud Control Unit	These are each states' anti-fraud teams based out of SSAs. They are the armed law enforcement and investigative service of state Medicaid agencies.
MHASA	Mental Health Assessment and Service Agency	A legacy program that predates the BHOs.

MITA	Medicaid Information Technology Architecture	A CMS business architecture initiative designed to restructure software to function more like actual business processes.
MLR	Medical Loss Ratio	The MLR is the amount of total expense than an insurer spends on providing medical care.
MLTSS	Managed Long-Term Services and Supports	Any sort of LTSS arrangement involving strict capitation or an ACO / MCO.
MMIS	Medicaid Management Information Systems	The MMIS is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.
MOU	Memorandum of Understanding	a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement. It is a more formal alternative to a gentlemen's agreement.
MSO	Management Services Organization	MSTAT staff teams provide intensive, tailored help to states on day-to-day operations and new initiatives.
MSB	Medical Services Board	A board of gubernatorially-appointed medical professionals who promulgate the rules governing HCPF's programs. Members: appointed by Governor, confirmed by Senate.
MSP	Medicare Savings Programs	These are a group of programs that will assist clients with their Medicare costs.
MSTAT	Medicaid State Technical Assistance Team	
MUA	Medically Underserved Area	
MUP	Medically Underserved Populations	
NACHC	National Association of Community Health Centers	
NAIC	National Association of Insurance Commissioners	NIAC retains a list of 6-digit codes.
NASHP	National Academy for State Health Policy	A public policy think tank addressing pressing health care policy.
NCAN	No Client Action Necessary	NCAN is a type of communication to a client which informs her or him that a redetermination will be made and that no appeal need be filed.

NCI	National Core Indicators	NCIs are standardized monitoring indicators related to NQIs.
NCQA	National Committee for Quality Assurance	Credentialing / accreditation committee. Through HEDIS. Established in 1990 with support from the Robert Wood Johnson Foundation.
NCVHS	National Committee on Vital and Health Statistics	
Needy Newborn		Newborn child to a Medicaid recipient
Network		Group of physicians who are contracted with a health plan to provide medical services.
NMHC	Nurse-Managed Health Center	Also known as nursing centers or nurse-led clinics, are managed and operated by nurses, with nurse practitioners functioning as the primary providers.
NORC	National Opinion Research Center	NORC, based out of the University of Chicago, conducts large public surveys. Of particular importance, NORC conducts NIS health surveys on behalf of the CDC.
OAPA/B	Old Age Pension (A/B)	Colorado's OAP Health and Medical Care Program provides limited medical care for individuals receiving Old Age Pension grants
Ombudsman (Medicaid Managed Care Ombudsman)		An agency that provides advocacy and assistance for clients who are experiencing difficulty with their health plan.
Open Enrollment		Refers to the time period in which a client can change plans for any reason.
OQIR	Outstanding Quality Information Request	
P&P	Process and Procedure	A contractual term; procedures are implemented, processes are operated.
PAC	Potentially-Avoidable Complication	Also known as Potentially Preventable Complications. These are complications which can often be mitigated by the use of medical best practices.
PACE	Program for All-Inclusive Care for the Elderly	PACE is a Medicare/Medicaid managed care system that provides health care and support services to persons 55 years of age and older.
PAM	Patient Activation Measure	A 1-100 scale that assesses an individual's knowledge, skill, and confidence for managing one's health and healthcare.
PAR	Prior Authorization Request	A certification or authorization that an insurer provides prior to medical service occurring.
PARIS	Public Assistance Reporting Information System	
PASRR	Preadmission Screening and Resident Review	An intake screening tool used to make sure that people are not unnecessarily placed in an inpatient psychiatric facility.
PAT	Pediatric Assessment Tool	Colorado Medicaid Pediatric Home Assessment Tool is part of the Colorado PAR program that measures acuity and client need.
PBMS	Prescription Benefit Management Software	Currently Xerox. Tracks Rx dispensation.

PCCM	Primary Care Case Manager	A physician, a physician group practice, or entity that employs or arranges with providers to furnish primary care case management services. The PCCM may also be a physician assistant, nurse practitioner, or certified nurse-midwife.
PCMP	Primary Care Medical Provider	A primary care provider who serves as a Medical Home for Members. PCMP Practices may be FQHCs, RHCs, clinics or other group practices that provide the majority of a Member's comprehensive primary, preventive and sick care. Individual PCMPs or pods can be physicians, advanced practice nurses, or physician assistants with a focus on primary care, general practice, internal medicine, pediatrics, geriatrics or obstetrics and gynecology.
PCP	Primary Care Physician	Is a physician/medical doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.
PCPP	Primary Care Physician Program	Colorado Medicaid's existing Primary Care Case Management program. The ACC Program builds on this program and creates a hybrid model that adds characteristics of an Accountable Care Organization to the Primary Care Case Management system of care.
PCP-PCMH	Physician Practice Connections Patient Centered Medical Home	The patient? Centered medical home is a model for care provided by physician practices that seeks to strengthen the physician? Patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship.
PCR	Provider Claim Report	
PDCS	Pharmacy Drug Claim System	Xerox's proprietary Prescription Benefit Management Software.
PDL	Prescription Drug List	
PDMP	Prescription Drug Monitoring Program	Established in 2005, the PDMP is a database of controlled substance prescriptions. Registered pharmacies can determine more about other Rx before dispensing to a client.
PE	Presumptive Eligible	This is always a pregnant woman who has applied for Medicaid, but has not been approved yet. When a pregnant woman applies, they are given a temporary Medicaid card for the purpose of getting prenatal care while waiting for Medicaid approval.
PEAK	Program & Eligibility Application Kit	Online Resource
PEG		In MMIS - this is the Eligibility Span. The top PEG span will tell you the most current or recent dates of eligibility for Medicaid.

PEN		In MMIS - This is the Enrollment Span. The top PEN span will tell you the client's current or recent enrollment. Contiguous enrollment spans can be separated by PEG spans, so make sure to check all enrollment spans.
PIC	Performance Improvement Committee	The Performance Improvement (PI) Committee is comprised of staff members and consumers from each county within the affiliation. These committees are intended to address areas of need through the collection, analysis and reporting of data on various areas of service and operation by all counties of the affiliation.
PIHP	Prepaid Inpatient Health Plans	A professional association of doctors, health care workers, and payers which seeks to convert Medicaid into a privately-run medical insurance program.
PKPY	Per Thousand (Clients) Per Year	A rate of occurrence per 1,000 clients, per year. ((Monthly metric *12) / 1000). Shorthand for "per K, per year"
Plan Manager		Refers to the person at the state (HCPF) who oversees the contract between the state and the health plan. They make sure that the plan is carrying out the provisions of their contract.
PMAA	Privatize Medicaid Association of America	
PMPM	Per Member Per Month	The capitated payment method that makes a fixed payment per enrollee each month for services regardless of actual number or nature of services provided.
PPA	Potentially Preventable Admissions	One of the Treo-tracked metrics built into the SDAC.
PPC	Potentially Preventable Complications	One of the Treo-tracked metrics built into the SDAC.
PPE	Potentially Preventable Events	One of the Treo-tracked metrics built into the SDAC.
PPR	Potentially Preventable Readmissions	One of the Treo-tracked metrics built into the SDAC.
PQI	Prevention Quality Indicators	AHRQ maintains the PQIs, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions."
PRI	Provider Rate Increase	An across-the-board increase in the reimbursement rates paid to providers of services through Medicare or Medicaid.
PRAMS	Pregnancy Risk Assessment Monitoring System	PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
QAPI	Quality Assessment and Performance Improvement	A quality improvement plan which is a part of the 1281 contract.
QARR	Quality Assurance Reporting Requirements	Basic requirements for QA.

QI-1	Qualified Individual-1	One of the MSPs. The benefit of this program is state payment of the Medicare Part B premiums only. There are no medical (Medicaid) benefits under this program. 135% FPL + $20, FFP = 100%.
QC	Quality Control	Procedures of monitoring and evaluating the quality of performance and the service provided by Maximus. Calls are monitored and batches are evaluated for accuracy.
QCIP	Quality of Care Incentive Program	
QDWI	Qualified Disabled Working Individual	This is one of the Medicare Savings Programs. The benefit is state payment of the Medicare Part Z premiums. There are no medical (Medicaid) benefits.
QHN	Quality Health Network	A regular payment made on the basis of the number of patients in each tier, contingent upon their projected client costs.
QMB	Qualified Medicare Beneficiary	The Medicaid benefit the QMB client receives is payment of their Medicare premium, deductibles and coinsurance. They are limited Medicaid benefits and cannot enroll in a health plan.
RACP	Risk-Adjusted Capitation Payment	
RCCF	Residential Child Care Facility	24-hour residential treatment centers for children.
RCCO	Regional Care Collaborative Organizations	The seven regionally-based entities with which the Department intends to contract on a regional basis. The RCCOs will be responsible for accountable care, care that improves the health of Members and controls costs.
Referral		Permission from the main doctor to go to another provider or receive other services not provided by the main doctor.
Regular Medicaid		Term used with clients to refer to FFS or straight Medicaid
RFP	Request For Proposal	A request for proposal (RFP) is an early stage in a procurement process, issuing an invitation for suppliers, often through a bidding process, to submit a proposal on a specific commodity or service. The RFP process brings structure to the procurement decision and allows the risks and benefits to be identified clearly upfront.[1][unreliable source?] The RFP may dictate to varying degrees the exact structure and format of the supplier's response. Effective RFPs typically reflect the strategy and short/long-term business objectives, providing detailed insight upon which suppliers will be able to offer a matching perspective.[2] Similar requests include a request for quotation and a request for information
RHC	Rural Health Clinic	A RHC is a clinic located in a rural, medically under-served area.

RHIO	Regional Health Information Organization	
RIHEL	Regional Institute for Health & Environmental Leadership	A leadership institute based out of Denver, which serves many Western states. Focuses on public policy, health policy, and leadership in civil service.
RLG	RCCO Leadership Group	The collaborative group of RCCO CEOs / Presidents / Executive Directors in charge of steering cross-RCCO policies.
RMHP	Rocky Mountain Health Plans	
SA	System Assigned	Used in the MMIS to identify an enrollment that was done by the system not by client request.. If the date of enrollment is 12/5/98 or before, the SA means the enrollment was transferred to MMIS from COIN (MMIS became an active system on 12-5-98).
SACWIS	Statewide Automated Child Welfare Information System	An automated case management system used to track children involved in the child welfare system.
SAE	State Action Exemption	An exemption in federal anti-trust laws that allows states to be a convener of entities for the purpose of collaboratively setting prices and service areas within certain bounds.
SAM	Single Attribution Methodology	A unified methodology for assigning patients to providers for purpose of capitation of PMPM.
SAMHSA	Substance Abuse and Mental Health Services Administration	A branch of HHS which deals with SUD.
SANE	Sexual Assault Nurse Examiner	Also known as Forensic Nurses, SANEs care for victims of violence, survivors of sexual assault, and neglect.
SAPS III	Simplified Acute Physiology Score	Designed to provide a real-life predicted mortality for a patient by following a well defined procedure.
SB	Senate Bill	SB is generally followed by a number indicating the year, followed by a three-digit code indicating the bill number. For example: SB12-200
SBHC	School Based Health Center	
SBIRT	Screening Brief Intervention and Referral to Treatment	A public health methodology for the treatment of those with health issues stemming from substance abuse.

SCHIP	State Children's Health Insurance Plan	An HHS program designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.
SCIC	Significant Change in Condition	
SCP	Service Coordination Plan	The SCP is a kind of Plan of Care used by Colorado Medicaid for the FBMMED. It contains a series of questions and fields for relevant information.
SCRC	Systems Change for Real Choice Grant	
SCS	Special Cartography Section	The HCPF RCCO RFP group tasked with demarcating administrative boundaries in Colorado
SDAC	Statewide Data and Analytics Contractor	The entity with which the Department contracts to provide data aggregation, analysis and distribution in support of the ACC Program.
SDIC	Systematic Data Analytics Contractor	
SEP	Single Entry Point	
SHAP	State Health Access Program	HRSA-SHAP awards grants to states to help them expand access to affordable healthcare coverage for people who are uninsured.
SHIP	State Health Insurance Assistance Program	SHIP is program that offers one-on-one counseling and assistance to people with Medicare.
SHS	School Health Services	
SLMB	Specified Low-Income Medicare Beneficiary	This program is one of the MSPs. The benefit of this programs is state payment of the Medicare Part B premiums only. SLMB: 120% FPL + $20, FFP - 50%
SLS	Supportive Living Services	
SMART	State Measurement: Accountable, Responsive, Transparent Gov't	The State Measurement for Accountable, Responsive, and Transparent Government Act requires certain reporting requirements be met in RFPs.
SMHP	State Medicaid Health Information Technology Plan	The SMHP is the state roadmap for administering the Medicaid EHR Incentive Program payments.
SMIB	Supplementary Medical Insurance Benefits	
SNAP	Supplemental Nutrition Assistance Program	food stamps, paid for via USDA and administered by states and counties.
SNF	Skilled Nursing Facility	A skilled nursing facility (SNF) is a nursing home certified to participate in, and be reimbursed by Medicare
SPDFM	State Plan-Derived Funding Mechanism	Funding allocated because of an element of the SP; one example is the SMHP.

SPIA	State Program Integrity Assessment	A multi-state data survey that CMS undertakes. The data is / will be available to PI staff in HCPF.
SPMI	Serious, Persistent Mental Illness	SPMI is generally debilitating and includes: schizophrenia, psychosis, paranoia, major affective disorders, PTSD, and dissociative identify disorder.
SSCN	Social Security Claim Number	
SSDI	Social Security Disability Income	
SSI	Supplemental Security Income	A Financial Assistance program for disabled children and adults. SSI recipients are automatically eligible for Medicaid.
State ID		Also known as client ID. Medicaid Identification Number assigned by the state.
Straight Medicaid		Term used by clients and some providers to refer to Fee-For-Service Medicaid - or not - Managed Care Medicaid. This term is not to be used with clients.
SU	Super-Utilizer	A term defined, in Colorado, as a person with 6+ ER visits and 30+ Rx in a 1-year period, who is not experiencing a catastrophic health condition. Part of an NGA project.
SUD	Substance Abuse Disorder	DSM-5 nomenclature for dependency / abuse. When the use of substances leads to a clinically-significant impairment or distress.
SYDPC	Statewide Youth Development Plan Committee	A CDPHE, HCPF, and CDHS joint project to improve the health and well-being of youth in Colorado
TAG	Technical Advisory Group	
TANF	Temporary Aid for Needy Families	Financial Assistance for families with low income.
TBI	Traumatic Brain Injury	TBI occurs when an external force traumatically injures the brain. This is generally referenced in relation to the TBI waiver.
TCC	Total Cost of Care	Total expense incurred in caring for a client. Definition can vary slightly based on medical / health divergence.
TCH	The Children's Hospital	
TCHF	The Colorado Health Foundation	A grant-making and research institution in Colorado.
TCOC	Total Cost of Care	Total expense incurred in caring for a client. Definition can vary slightly based on medical / health divergence.
TLC	Total Long-term Care	
TM	Transitional Medicaid	
TPA	Third Party Administration	
TPL	Third Party Liability	The term used for Private Health Insurance. If a client has private health insurance and is not documented in MMIS, the client must call their county technician to fill out an MS-10 form.

TPRI	Targeted Provider Rate Increase	An increase in the amount paid for certain services by Medicare or Medicaid in order to incentivize certain behavior.
TRAILS		The State's automated case management system (SACWIS) and is the official record for CDHS.
TRCCF	Therapeutic Residential Child Care Facilities	
TTY/TDD		The telephone device used to assist persons who are hearing impaired.
UDS	Uniform Data system	A core set of information appropriate for reviewing the operation and performance of health centers.
UM	Utilization Management	
ULTC	Uniform Long Term Care	Shorthand for the Uniform Long Term Care Assessment Instrument (ULTC-100).
Unassigned		Clients who are Medicaid eligible, mandatory for Medicaid Managed Care Enrollment, and are not enrolled in a health plan. Clients may go to any provider for care until their enrollment becomes effective.
UPL	Upper Payment Limit	A limit on how much the federal government will spend on fee-for-service reimbursement to Medicaid providers.
USPSTF	U.S. Preventive Services Task Force	Created by ACA to evaluate clinical research in order to assess the merits of preventive measures.
WEDI	Workgroup for Electronic Data Interchange	An IT advisory institution for HHS, established in the early 1990s.
WHO	World Health Organization	The WHO is a major international body which sets various standards and conducts various M&E activities.
WIC	Nutrition Program for Women, Infants and Children	The Special Supplemental Nutrition Program for Women, Infants and Children (known as WIC) is a Federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) for health care and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of 5.
Wrap-Around Service		Medicaid services beyond the HMO required coverage that are billed to Medicaid directly (example: client needs 18 physical therapy visits, HMO is required to cover 12 visits, the additional 6 visits are billed to Medicaid).
YTD	Year-to-Date	Generally used when rendering expenses or caseloads for the current calendar year or fiscal year.
Note: The Office of State Planning and Budgeting glossary can be found at: http://www.colorado.gov/cs/Satellite/OSPB/GOVR/1218709346377		