

COMMON ACRONYMS



ABD	Aged, Blind, and Disabled
ACA	Affordable Care Act
ACH	Automated Clearing House
ADA	Americans with Disabilities Act
ADC	Adult Day Care
ADHC	Adult Day Health Care
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center (DHSS)
ADW	Aged and Disabled Waiver
AFDC	Aid to Families of Dependent Children [Now known as Temporary Assistance for Needy Families (TANF)]
AGO	Attorney General's Office
AIDS	Auto Immune Deficiency Syndrome
AMA	American Medical Association
APD	Advanced Planning Document
APDU	Advanced Planning Document Update
APRN	Advanced Practice Registered Nurse
ARCHS	Area Resources for Community and Human Services
ARRA	American Reinvestment and Recovery Act
ASO	Administrative Service Organization
AVR	Automated Voice Response
AWC	Adolescent Well-Care
BAFO	Best and Final Offer

BBA	Balanced Budget Act
BCCCP	Breast and Cervical Cancer Control Project
BCCT	Breast and Cervical Cancer Treatment
BH	Behavioral Health
BHC	Behavioral Health Concepts
BIP	Balancing Incentive Program
BMO	Benefit Management Organization
BNDD	Bureau of Narcotics and Dangerous Drugs
CAC	MO HealthNet Consumer Advisory Committee
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Health Plan Survey
CALOCUS	Child and Adolescent Level of Care Utilization System
CAQH	Council for Affordable Quality Healthcare
CCB	Change Control Board
CCD	Continuity of Care Document
CCIP	Chronic Care Improvement Program
CCU	Contract Compliance Unit
CD	Children's Division
CDC	Centers for Disease Control
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHP	Center for Health Policy
CIL	Center for Independent Living
CLIA	Clinical Laboratory Improvement Amendments

CM	Case Manager
CMHC	Community Mental Health Center
CMHCHH	Community Mental Health Center Health Home
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare and Medicaid Services
CMSP	Clinical Management Services and System for Pharmacy Claims and Prior Authorization
CMT	Care Management Technologies
COA	Category of Aid
COB	Coordination of Benefits
COLA	Cost of Living Adjustment
CON	Certificate of Need
CORE	Committee on Operating Rules for Information Exchange
COS	Category of Service
CPR	Comprehensive Psychiatric Rehabilitation
CPT-4	Current Procedural Terminology – 4 th edition
CSR	Code of State Regulations
CSTAR	Comprehensive Substance Treatment and Rehabilitation
CSW	Community Support Waiver
CWS	Child Welfare Services
CY	Calendar Year
CYBER	CyberAccess® Web-based tool providing health care providers with access to patient data
D.0	Current Version of the Drug Claim and Payment Transaction Standards
DCN	Departmental Client Number
DDD	Division of Developmental Disabilities
DERP	Drug Effectiveness Review Project

DESE	Department of Elementary and Secondary Education
DFAS	Division of Finance and Administrative Services
DHHS	Department of Health and Human Services
DHSS	Department of Health and Senior Services
DIFP	Department of Insurance, Financial Institutions, and Professional Registration
Direct	Direct Secure Messaging
DIRECT CARE PRO	Web based tool that teams providers to complete available interventions for patient care
DLS	Division of Legal Services
DM	Disease Management
DME	Durable Medical Equipment
DMH	Department of Mental Health
DMS	Division of Medical Services (renamed MO HealthNet Division 2007)
DOS	Date of Service
DOSE OPT	Dose Optimization
DRA	Deficit Reduction Act
DRU	Drug Rebate Unit
DSDS	Division of Senior and Disability Services
DSH	Disproportionate Share Hospital
DSM	Disease State Management Diagnostic and Statistical Manual of Mental Disorders (e.g. DSM-IV-TR) 4 th Edition Text Revision
DSS	Department of Social Services
DUA	Data Use Agreement
DUR	Drug Utilization/Use Review
DYS	Division of Youth Services

EBDS	Evidence-Based Decision Support Unit
ECM	Electronic Claim Management
ED	Emergency Department
ED	Encounter Data
EED	Early Elective Deliveries
EFT	Electronic Funds Transfer
EHI	Electronic Health Information
EHR	Electronic Health Record
eMOMED	MO HealthNet Web portal
EMR	Electronic Medical Record
EOB	Explanation of Benefits
EOMB	Explanation of Medicare Benefits
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
FA	Fiscal Agent
FACES	Family and Children's Electronic Services
FADS	Fraud and Abuse Detection System
FAMIS	Family Assistance Management Information Systems
FF	Federal Funds
FFE	Federally Facilitated Exchange
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level

FQHC	Federally Qualified Health Center
FRA	Federal Reimbursement Allowance
FSD	Family Support Division
FTE	Full Time Equivalent
FY	Fiscal Year
GR	General Revenue
HB	House Bill
HBM	Health Benefits Manager
HCAC	Healthcare – Acquired Conditions
HCBS	Home and Community Based Services
HCPCS	Healthcare Common Procedure Coding System
HCUSA	HealthCare USA
HCY	Healthy Children and Youth Program (EPSDT)
HEDIS	Health Plan Employer Data & Information Set
HEDIS	Healthcare Effectiveness Data and Information Set
HCH	Healthcare Home
HH/HCH	Health Home/Health Care Home
HIE/HIX	Health Information Exchange
HIN	Health Information Network
HIO	Health Information Organization
HIT	Health Information Technology
HITECH	Health Information for Economic and Clinical Health
HIPAA	Health Insurance Portability and Accountability Act
HIPP	Health Insurance Premium Payments
HIV	Human Immunodeficiency Virus

HMO	Health Maintenance Organization
HMS	Health Management Systems
HRA	Health Risk Assessment
HRSA	Health Resources and Services Administration
HSHP	Home State Health Plan
IAA	Interagency Agreement
IAPD	Implementation Advance Planning Document
ICD	International Classification of Diseases
ICD-10	International Classification of Diseases, Version 10
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IEP	Individualized Education Plan
IFB	Invitation for Bid
ILW	Independent Living Waiver
IMD	Institutions for Mental Disease
IPC	Individual Plan of Care
IQR	Inpatient Quality Reporting
IRHC	Independent Rural Health Clinic
IRU	Institutional Reimbursement Unit
ISCA	Information System Capabilities Assessment
ISP	Individual Service Plan
ITSD	Information Technology Services Division
IVR	Interactive Voice Response
JAD	Joint Application Development
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

LBW	Low Birth Weight
LINC	Local Investment Commission
LOC	Level of Care
LOCUS	Adult Level of Care Utilization System
LOS	Length of Stay
LPHA	Local Public Health Agency
LTACH	Long Term Acute Care Hospital
LTC	Long Term Care
MA	Medical Assistance
MAF	Medicaid through Medical Assistance for Families
MAGI	Modified Adjusted Gross Income
MARS	Management and Administrative Reporting Subsystem
MCO	Managed Care Organization
ME Code	Medical Eligibility Code
MFAW	Medically Fragile Adult Waiver
MFCU	Medicaid Fraud Control Unit
MFP	Money Follows the Person
MHA	Missouri Hospital Association
MHC	Missouri Health Connection
MHD	MO HealthNet Division
MHF	MO HealthNet for Families (formerly Medical Assistance for Families)
MHK	MO HealthNet for Kids
MITA	Medicaid Information Technology Architecture
MMAC	Missouri Medicaid Audit and Compliance
MMIS	Medicaid Management Information Systems
MOCDD	Missouri Children with Developmental Disabilities Waiver (Lopez)

MO HITECH	Missouri Office of Health Information Technology
MOHSAIC	Missouri Health Strategic Architectures and Information Cooperative
MoRx	Missouri Rx Plan
MOU	Memorandum of Understanding
MPCA	Missouri Primary Care Association
MPW	MO HealthNet for Pregnant Women
MSIS	Medicaid Statistical Information System
NCPDP	National Council for Prescription Drug Programs
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NEMT	Non-Emergency Medical Transportation
NFRA	Nursing Facility Reimbursement Allowance
NHIN/nwHIN	Nationwide Health Information Network
OA	Office of Administration
OIG	Office of Inspector General (DHHS)
ONC	Office of the National Coordinator for Health Information Technology
OPPC	Other Provider Preventable Conditions
OQR	Outpatient Quality Reporting
OSEDA	Office of Social & Economic Data Analysis
OT	Occupational Therapy
PA	Prior Authorization
PACE	Program for All Inclusive Care for the Elderly
PAPD	Planning Advance Planning Document
PAQ	Project Assessment Quotation
PARM	System Parameters

PASARR	Preadmission Screening and Annual Resident Review
PBM	Pharmaceutical Benefits Manager
PBRHC	Provider-Based Rural Health Clinic
PC	Personal Care
PCCM	Primary Care Case Management
PCHH	Primary Care Health Home
PCP	Primary Care Physician Primary Care Provider
PDD	Procedure, Drug and Diagnosis
PDL	Preferred Drug List
PDN	Private Duty Nursing
PDP	Prescription Drug Plan
PfH	Partnership for Hope Waiver
PHI	Protected Health Information
PIP	Performance Improvement Project Physician Incentive Plan
PM	Performance Measures
PMPM	Per Member Per Month
POA	Present on Admission
POC	Plan of Care
POS	Place of Service/ Point of Service
PPC	Provider Preventable Condition
PPO	Preferred Provider Organization
PR	Program Relations/Provider Relations
PRWORA	Personal Responsibility Work Opportunity Reconciliation Act of 1996
PSU	Participant Services Unit
PT	Physical Therapy

PTD	Permanently and Totally Disabled
PWC	Power Wheel Chair
QA	Quality Assurance
QA&I	Quality Assessment and Improvement
QHP	Qualified Health Plan
QI	Quality Improvement
QIO	Quality Improvement Organization
QIS	Quality Improvement Strategy
QMB	Qualified Medicare Beneficiary
RA	Remittance Advice
RAD	Requirements Approval Document
RCF	Residential Care Facility
RFI	Request for Information
RFP	Request for Proposal
RHC	Rural Health Clinic
RSMo	Revised Statutes of Missouri
Rx	Prescription
SAO	State Auditor's Office
SBIRT	Screening, Brief Intervention and Referral to Treatment
SDAC	School District Administrative Claiming
SDC	State Data Center
SFY	State Fiscal Year
SHCN	Special Health Care Needs
SLMB	Specified Low-Income Medicare Beneficiary
SMART PA	Web based decision rules engine (Pharmacy)
SMART MED PA	Web based decision rules engine (Medical/DME Pre-certifications)

SMHP	State Medicaid HIT Plan
SOTA	State Operations and Technical Assistance (CMS)
SPA	State Plan Amendment
SPAR	System Problem Assistance Request
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Social Security Income / Supplemental Security Income
ST	Speech Therapy
STD	Sexually Transmitted Diseases
STR	System Task Request/State Task Request
SURS	Surveillance and Utilization Review Subsystem
TANF	Temporary Assistance for Needy Families
TCM	Targeted Case Management
TEFRA	Tax Equity and Fiscal Responsibility Act
TEMP	Temporary MO HealthNet During Pregnancy (Presumptive Eligibility)
T-MSIS	Transformed - Medicaid Statistical Information System
TOS	Type of Service
TPL	Third Party Liability
TPO	Treatment, Payment, Operations
TWHA	Ticket to Work Health Assurance Program
UAT	User Acceptance Testing
UCR	Usual and Customary Care
UM	Utilization Management
UPL	Upper Payment Limit
UR	Utilization Review

VBAC	Vaginal Birth after Caesarian
VBP	Value Based Purchasing
VFC	Vaccines for Children
WIC	Women, Infants and Children
WIPRO	MHD Fiscal Agent
WIU	Welfare Investigation Unit
WY	Wavier Year
X12	Accredited Standards Committee X12
5010	Current Version of the X12 Claim, Payment and Eligibility Transaction Standards

Title XIX:

Sec. 1901. [42 U.S.C. 1396] For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

Section 1915(b) of the Social Security Act lists when the Secretary of Health and Human Services may waive requirements of Section 1902 of the Social Security Act -- such as statewide effectiveness (1902(a)(1)) -- to allow a state to undertake listed options.

Section 1915(c) of the Social Security Act allows the Secretary of Health and Human Services to issue a waiver so that a state plan may include Home and Community Based Services as "medical assistance."

"Amount payable under the Social Security Act" means payments by the Federal Department of Health and Human Services to beneficiaries, providers, intermediaries, physicians, suppliers, carriers, states, or other contractors or grantees under a Social Security Act program, including:

Title XXI

Sec. 2101. [42 U.S.C. 1397aa] (a) Purpose.—The purpose of this title is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children.